

NAUMBURG

SCHIZOPHRENIC ART:
Its Meaning in
Psychotherapy

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SCHIZOPHRENIC ART:
Its Meaning in Psychotherapy

MARGARET NAUMBURG IS ALSO AUTHOR OF "THE CHILD AND THE
WORLD," AND "STUDIES OF THE 'FREE' ART EXPRESSION OF
BEHAVIOR PROBLEM CHILDREN AND ADOLESCENTS AS A MEANS OF
DIAGNOSIS AND THERAPY."

SCHIZOPHRENIC ART: Its Meaning in Psychotherapy

by MARGARET NAUMBURG

Department of Clinical Psychiatry, New York State
Psychiatric Institute; Department for Mental and Nerv-
ous Diseases, Pennsylvania Hospital, Philadelphia;
Department of Child Psychiatry, Mount Sinai Hospital,
New York City; Founder and Former Director, Walden
School, New York City.

Preface by **THOMAS A. C. RENNIE, M.D.**

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M.N.

CONTENTS

PREFACE, <i>Thomas A. C. Rennie</i>	1
INTRODUCTION — A Survey of the Significance of Psychotic and Neurotic Art — 1876-1950	3
FOREWORD to the Clinical Studies of the Spontaneous Art Produc- tions of Two Adolescent Schizophrenic Girls	35
I. THE PSYCHODYNAMICS OF THE ART EXPRESSION OF AN EIGHTEEN YEAR OLD SCHIZOPHRENIC GIRL	39
Introductory Statement	39
Clinical Summary	40
The Approach to Free Art Expression	45
First Phase of Art Expression: The Mother-Daughter Conflict	47
Second Phase: Symbolic Representation of Conflicts, Fears and Wishes	61
Third Phase: Expression of Experiences of Dissociation	82
Fourth Phase: Pictures Dealing with Recovery; Transference Symbolized	89
Fifth Phase: Pictures of Childhood and Adolescent Memories	99
Sixth Phase: Repressed and Painful Memories in Terms of Temporary Regression	123
Conclusion	143
II. THE PSYCHODYNAMICS OF THE ART EXPRESSION OF A TWENTY-FIVE YEAR OLD SCHIZOPHRENIC GIRL	149
Introductory Statement	149
Clinical Summary	150
The Patient's Approach to the Art Sessions	158
First Phase of Modeling: The Patient's Approach	162
Second Phase of Modeling: Stylized Torsos	169
Third Group of Sculpture: Archaic Forms (Including Sphinxes, a Priest's Head, and a Horse's Head)	187
Final Phase of Art Work: A Group of Landscapes	205
Discussion	213
Conclusion	213

CONCLUSION	217
REFERENCES	219
APPENDIX	
I. Poems and Notes of the Eighteen Year Old Schizophrenic Girl	221
II. Poems and Notes of the Twenty-Five Year Old Schizophrenic Girl	236
INDEX	247

ILLUSTRATIONS

I. THE PSYCHODYNAMICS OF THE ART EXPRESSION OF AN EIGHTEEN YEAR OLD SCHIZOPHRENIC GIRL

THE GIRL'S CONFLICT WITH HER MOTHER — 9 WEEKS

1. Fragmented Features with a Broken Heart: Inspired by a Poem by Edna St. Vincent Millay 49
2. "Sadness": The First Expression of the Conflict with the Mother 53
3. First Dream: Patient with the Mother at the Dali Café; The Horrible Gray Eye 54
4. Second Dream: A Bird Radiating Light and a Black Eye Dripping Black Slime 56
Color plate facing page 40
5. Third Dream: "The Four Faces of My Mother" 58
Color plate facing page 1
6. "Argument with My Mother" 61

SYMBOLIC REPRESENTATION OF CONFLICTS, FEARS AND WISHES — 1 MONTH

7. "Temptation: The Gambler" as Self-Portrait 62
8. "Impression of Two Jars": A Visual Hallucination 65
9. "Bleeding Leaves on a Windy Day": First Symbolic Expression of Loss of the Real Mother 71
Color plate facing page 56
10. "Fears of the Unseen and the Unknown" 72
Color plate facing page 56
11. "My Impression of the Ballad of Reading Gaol" 76
Color plate facing page 72

EXPRESSION OF EXPERIENCES OF DISSOCIATION — 3 WEEKS

12. "The Story of Scotch and Soda": The Patient's Recognition of Her own Dissociation 82
Color plate facing page 88

13. The Tombstone and the Face	85
14. State of Dissociation	86
PICTURES CONCERNING RECOVERY, TRANSFERENCE SYMBOLIZED — 2 WEEKS	
15. "The Tree of My Illness and My Hand Reaching Out for the Way to Get Well"	91
16. The Receding Face of Her Illness	92
17. Aspects of Significant Phases of the Girl's Life up to the Present: A Dream, Picture Unfinished	95
18. A Second Review of Insight Gained by the Patient in the Art Sessions	96
CHILDHOOD MEMORIES AND ADOLESCENT EXPERIENCES — 5 WEEKS	
19. "My First Memory Is Being Hurt," at Three Years of Age . .	101
20. "Study of a Girl with a Worried Look": A Self-Portrait . . .	103
21. "Study of a Woman with a Suspicious Look": The Foster Mother	105
22. "Study of a Man with a Questioning Look": The Foster Father	106
23. "Study of the Thoughts of People I Have Met, One is Dead": Her First "Crush," Two Teachers, the Skull of a Boy Friend Who Died	109
24. "The Mourners"	110
25. "This Red Horse is Sex"	113
26. "My Problem During the Past Year": The Mingled Faces Represent the Girl's Changing States During the Summer . .	115
27. "Recollections of Myself During My Illness: The Body to the Right Represents Problems of Sex"	116
28. "The Running Away Problem": The Cat Form is Her Girl Friend	118
29. Self-Portrait During Her Illness: As She Thought She Appeared to Others	119
	<i>Color plate facing page 104</i>
30. "My Memory of Loss of Control in a Flower Shop"	120
31. "Two Jars of Spring Flowers"	121, 122
	<i>Color plate of first jar of flowers facing page 136</i>
SOME OF THE MOST DEEPLY REPRESSED AND PAINFUL MEMORIES, IN TERMS OF TEMPORARY REGRESSION (PAINTED IN OILS)	
32. Fourteen Faces Related to the Girl's Life: These Include Her Real Mother, Herself and One of the Man with Whom She Left Home; Modifications of the Painting formerly called "The Mourners"	133
33. Another Symbolic Self-Portrait: Showing How the Split in the Girl's Personality is Being Healed	134
34. A Study of Eyes: "I Think One of the Faces Is My Real Mother"	140

II. THE PSYCHODYNAMICS OF THE ART EXPRESSION OF A TWENTY-FIVE YEAR OLD SCHIZOPHRENIC GIRL

35. Two Stereotyped Self-Portraits 155
 36. Two Symbolic Portraits of the Mother 157
 37. Young Woman With Growing Plant 160

Color plate facing page 152

SCULPTURE: FIRST PHASE; HEADS

38. Gnomelike Head, With Neolithic Spanish Head for
 Comparison 164, 165
 39. Head With Geometric Hair Pattern 166
 40. Gargoyle-like Head 167
 41. Double-Faced Sculptured Figure (Compare Fig. 42) . . 170, 171
 42. Double-Faced Figure (Water Color), with Ancient
 Hittite Cylinder Seal for Comparison 172

SCULPTURE: SECOND PHASE; TORSOS

43. Torso of a Woman 174, 175
 44. First Soldier — Depressed 177
 45. Second Soldier — Gay and Cocky 178, 179
 46. Young Girl — A Symbolic Self-Portrait, with Sketch
 Drawn before Sculpture 182, 183

SCULPTURE: THIRD PHASE; ARCHAIC FORMS

47. Sculpture of Bird Flying 188
 48. Sphinx's Head 189
 49. Lion-Bodied Sphinx 190
 50. Ancient Hittite Sphinx 191
 51. Patient's Sphinx and the Double Sphinx Base of a
 Hittite Column for Comparison 193
 52. Priest-like Head — Stylized 194
 53. Naturalistic Kitten 195
 54. Patient's Priest-like Head and Several Hittite
 Priests' Heads for Comparison 197
 55. Patient's Head of a Horse and a Hittite Horse's Head
 for Comparison 198, 199
 56. A Pair of Book Ends 201
 57. A Pair of Hands 203
 58. A Distorted Hand 204

FINAL PHASE OF ART WORK: A GROUP OF LANDSCAPES (PAINTED IN OILS)

59. Landscape with Empty Boat 206
 60. Skyscrapers in New York 207
 61. Scene in Central Park 209
 62. Two Houses, Blue Pool, and White Clouds 210
 63. The Red Cross Girl: A Symbolic Self-Portrait 212



Plate I. Dream: "The Four Faces of My Mother"

**PREFACE to
"Schizophrenic Art:
Its Meaning in Psychotherapy"**

For many years Miss Naumburg has been quietly working under medical guidance in a pioneer field of psychotherapy. In most individual fashion she has employed artistic expression both in diagnosis and treatment of various kinds of psychiatric disorders. Unlike most of the workers who preceded her, she has not attempted merely to interpret the symbolic meaning in the art productions of patients, but she has used artistic expression in purposeful fashion to explore the conscious and unconscious causes of illness toward the aim of therapeutic release and recovery.

To this task Miss Naumburg brings two major personal talents: a craftsman's knowledge of artistic production and a trained understanding of human motivation and behavior. In the art productions of the two schizophrenic patients described in this book one can follow the combined creative and analytic process to the end of understanding, and in one, to the resolution of a serious life problem. In both patients we see the day by day unfolding of the complex dynamics of schizophrenia. In one we see the outpouring of deep and profound emotional attitudes in pictures which have been judged by an art critic as being of high artistic quality.

From the art sessions the life stories emerge in such detail as to create a vivid picture of the inner world of the schizophrenic. The slow unfolding of the dynamic forces emerges through the symbolic elements of the pictures. The two life stories move chronologically backward and forward; forgotten memories are slowly revived; traumatic experiences are verbalized and released; new and healthier attitudes develop; and these are reflected from the first crude and sometimes primitive and archaic art symbols to the final organized and integrated pictures which we may recognize as art. The story of the first patient reads as absorbingly as any contemporary novel; it has, if anything, more vividness and reality because it reveals all levels of the personality to a degree that is rarely penetrated by modern novelists. The therapeutic result in the first patient is substantial and meets the pragmatic test of good therapy.

This book is interesting not only for the insight which it gives into the sick human mind and to the extent to which it reveals modern psychiatric conceptions of illness, but also for the way in which it illuminates one kind of creative talent. Much of modern art deals with inner symbolic experience. In turning inward for the source of artistic inspiration, the modern artist often draws upon introspection and relies upon the validity of his inner symbolic language. This book reveals clearly the full range of symbols utilized by patients and the sources from which they derive in the personal and collective unconscious. Those readers, therefore, who are concerned with the nature of the creative process will find in this book a stimulating and revealing exposé of the significance of the choice of line, color and form and their relation to conscious and unconscious determinants. If this explained even a small part of the inner struggle of the artist, then for that reason alone this book would make absorbing reading. While it can be validly stated that these are the art productions of two mentally very sick people, it is no less true that the mental mechanisms employed are merely pathological extensions of comparable mechanisms employed by all people in their ceaseless struggle to adapt and to adjust to modern life.

The main purpose of the book, however, is to define a new approach to psychotherapy. This approach in the hands of Miss Naumburg with her special training and insight is clearly a valid one. It is important because it represents an essentially pioneer effort. Others have tried to use the technic, as Miss Naumburg shows in her fine introductory review of the literature on the subject, but none so consistently or convincingly. Nowhere in psychiatric literature is the process so minutely and sensitively recorded.

This book is written primarily for professional people in the fields of psychiatry and psychotherapy. They are bound to find the book interesting and stimulating. It took tenacity, skill, and faithful recording to accumulate the material of which the book is made. The result is a worthy contribution to the search for new therapeutic tools and as such deserves a wide audience.

THOMAS A. C. RENNIE, M.D.

INTRODUCTION — A Survey of the Significance of Psychotic and Neurotic Art — 1876-1950

The Purpose

Modern psychiatry is becoming increasingly interested in the art productions of mental patients as a means both of diagnosis and therapy. Whether such art is employed as a projective test for diagnostic purposes or as an adjunct to therapy depends on several factors. If the art products are considered as a projective technic for diagnosis, then planned art is often, although not always, requested of the patient. If, however, the therapist regards spontaneous art expression as a means of therapeutic release and as a means of exploring the unconscious, he will relate such art productions of the patient to other forms of psychotherapy.

The purpose of this introduction is to re-examine the literature concerning the art of both psychotic and neurotic patients in order to evaluate the outstanding contributions in this expanding field of interest. For those who wish historical background, several useful bibliographies are available.^(1,2*)

Readers who are familiar with the range of this literature are aware that much of it deals with the problems of diagnosis or theoretical speculations. Studies that concern the relation of spontaneous art productions of mental patients to therapy are exceedingly rare. Actually, such clinical studies became possible only after Freud's exploration of the unconscious offered clues to the nature of sexual and archaic symbolism.

But the early psychoanalytic studies of the spontaneous art of both psychotic and neurotic patients were exploratory rather than therapeutic. For they established a correspondence between the Freudian dream symbols and the symbolic images in the art of mental patients. Psychotherapy with psychotic patients had originally been ruled out by Freud because he considered them incapable of transference; therefore the spontaneous art of psychotics was not

*Italic numbers in parentheses in this introductory section refer to the bibliography on page 219.

related to therapy in the early days of psychoanalysis. When schizophrenics had been successfully treated by means of psychoanalysis, interest developed in the art projections of psychotics as a means of therapy.

Following those early psychoanalytic studies which treated the art production of mental patients as primarily corroborative of Freudian concepts, there developed a small number of clinical studies of both neurotic and psychotic patients which related the art products to other forms of psychotherapy. In the few clinical studies which included spontaneous art, such projections, as this survey will show, served quite different functions when employed in either a Freudian or Jungian analysis.

The First Descriptive Studies of Psychotic Art

In the last quarter of the nineteenth century the spontaneous art of the "insane" aroused the interest of a number of directors of insane asylums. Many of these physicians made large collections of the bizarre and striking creations of inmates of their institutions. The compelling need of such psychotic patients to express themselves in writing, painting, carving, and embroidery caused the more observant and sensitive psychiatrists of that time to interest themselves in such art projections. Thus, what had previously been regarded as the senseless scribbles and chaotic daubs of the insane, now began, as the result of the study of a few far-seeing physicians, to be recognized as having special meaning and importance in the lives of these disturbed patients.

Between 1876 and 1888 Max Simon, a French psychiatrist and Cesare Lombroso, an Italian psychiatrist and professor of criminal law, wrote down their keenly perceptive observations on the spontaneous art of psychotics. Simon based his observations on the art produced by those inmates of the French asylum which he directed. Lombroso had his collection of psychotic art gathered for him by physicians from the insane asylums of Italy.

Simon, in 1876, was the first to publish his study on the art and writing of psychotics.⁽³⁾ But Lombroso soon followed with a paper that gave credit to Simon's prior researches.⁽⁴⁾ Both men then elaborated their investigations and produced the first original and well documented reports on the style and significance of insane art productions.⁽⁵⁾ Through their observations, Simon and Lombroso helped to establish the first criteria for distinguishing between the disease syndromes of the psychoses. In the literature of the next thirty years on the art of psychotics, those who re-examined such products of the insane kept reiterating, with but slight variations, what these two pioneers had already stated.

The originality of the observations made by Simon and Lombroso concerning both stylization and symbolization in psychotic art has not been surpassed in any later studies. As the comments of these two men complement each other in a striking manner, direct quotations from the investigations of both on psychotic art will be used.

In reading Simon's and Lombroso's descriptive classifications of the psychoses, certain discarded terms of nineteenth century psychiatry must necessarily

be translated into the more exact terminology of today. This means that such art productions as were then attributed by Simon and Lombroso to other psychoses, were created chiefly, as is now recognized, by schizophrenics. The use by these two investigators of the term "monomania," refers to what is now classified as paranoid schizophrenia.

It is important to recognize that more than seventy years ago Simon and Lombroso perceived the correlation between the subject matter of psychotic art and the conflicts of such patients. Simon,(5,p.19) referring to the art created by "monomaniacs," wrote :

"They [monomaniacs] may make pictures that are of very little value from the artistic viewpoint, but are very interesting for the physician and the psychologist. In these pictorial compositions the patients paint their misfortunes, the agonies that they have endured, and the persecutions that they imagine they have been forced to experience."

In similar vein, Lombroso(4,p.181) emphasized the relation of insane art to the patient's personal problems:

"... in many cases, the choice of subject is inspired by the malady. A melancholic was continually carving a figure of a man with a skull in his hand. A woman affected with megalomania was always working the word DIO (God) into her embroidery. Most monomaniacs habitually allude to their imaginary misfortunes by means of special emblems."

In relation to the problem of symbolism, Simon and Lombroso again agreed when offering pertinent comments. In describing the intermingling of writing and drawing (which is now recognized as typical of schizophrenic art), Simon (5,p.19) said of one patient:

"X wrote endlessly. ... He covered all the paper that he could obtain with his bizarre writings, filled with a mixture of recriminations, prayers and mystical imaginings. ... These strange writings were strewn with crosses, triangles, all sorts of signs to which the author (the psychotic patient) attached special symbolic significance. ... Sometimes they also make emblems; the lion as a sign of power, a scales for justice, symbols of deliverance, etc., all of this ... is expressed in various scenes, which, making allowance for the untutored skill of the artist (patient) shows now and then a genuine dramatic quality."

Lombroso(4,p.181) again corroborated Simon's findings about the symbolic expressions of the insane:

"A monomaniac who labored under the delusion that he was being persecuted, drew his enemies pursuing him on one side of the picture and Justice defending him on the other."

Then again, Lombroso(4,p.181) described:

"... a poor peasant woman who had learned to embroider and gained great skill during her confinement in the asylum, who embroidered an extraordinary number of figures, which were faithful representations of her delusions. Her autobiography is, so to speak, traced in her embroidery; in every piece of work she has represented herself sometimes struggling with the nurses or the nuns, sometimes herding cows or occupied with other domestic work."

When Lombroso(4,p.185) commented on the peculiarity of what he described as the "arabesques" drawn by insane patients, we again recognize what is another typical schizophrenic form of art production:

"In many arabesques drawn by a megalomaniac, one can trace carefully hidden among curves, sometimes a ship, sometimes an animal, a human head or a railway train, or even landscapes and towns."

Although Simon was the first of the two men to observe the similarity between the art of the insane and that of primitive peoples and children, Lombroso wrote more effectively on this theme; his observation of certain trends in psychotic art as comparable to the styles of ancient cultures was penetrating and impressive. In reference to the intermingling of inscriptions and drawing in the art of the insane, he said that such designs are filled with an "abundance of symbols and hieroglyphics... [recalling] Japanese and Indian pictures and the ancient wall paintings of Egypt." Lombroso(4,p.187) observed also the lack of perspective in a certain patient's work and said that "the author is not wanting in artistic sense. One would take him to be a true artist, but one brought up in China or Egypt."

In summarizing his views concerning the archaic style that he discovered in psychotic art, Lombroso(4,p.188-189) concluded that in the art of the insane, as in ancient art:

"... the same cause is at work, namely, the need of helping out speech or picture, each powerless by itself to express a given idea with the requisite energy... This mixture of letters, hieroglyphics and figurative signs constitutes a kind of writing recalling the phonetico-ideographic stage through which primitive peoples (the Mexicans and Chinese certainly) passed before the discovery of alphabetic writing."

From such quotations it is evident that Lombroso not only recognized that the conglomeration of writing and symbols was an attempt by psychotic patients (generally schizophrenics), to communicate with others, but he(4,p.188-189) also understood that "in the visible manifestation of their thoughts, the insane frequently revert... to the prehistoric stage of civilization."

What Simon and Lombroso had to say about the obscene drawings of certain psychotic patients is of special interest in two ways: first, it reveals the conventional embarrassment of the pre-Freudian physician when he was forced to deal with overt expression of sexuality in symbolic art; second, it shows that

Lombroso was able to refer to such matters with greater objectivity than Simon.

When Simon(5,p.34) with conscious effort mentioned the obscene art productions of certain insane patients, he said:

"...in reference to this repugnant subject a patient who was under my care was obsessed with libidinous hallucinations; he was unable to draw himself but made another insane patient make his designs which were violently obscene."

And then, in a tone of self-righteous indignation, Simon(5,p.35) explained that "when I was informed of such special art productions, I made an end of these licentious compositions." But he was, he wrote, relieved to discover that at least, among some of his women patients, "a less condemnable type of erotic expression was found," when they "made idealized figures of young men."

Lombroso, like Simon, also became disturbed by what he called "the most shameless indecency" of some examples of insane art. But in spite of this, he described accurately a number of examples of what he judged as obscene. To cite but one of his interesting references:(5,p.200)

"Thus a cabinet maker would carve virile members at every corner of a piece of furniture, or at the summits of trees. This too, recalls many works of savages and ancient races, in which the organs of sex are everywhere prominent."

While Lombroso was able to accept the universal significance of sexual symbolism as it broke through in psychotic art, Simon found it intolerable and did not hesitate to describe with pride and self-satisfaction how he had succeeded in destroying such obscene manifestations and prohibiting any further productions of this kind by an inmate of his asylum.

Although Simon and Lombroso have been given due recognition for having initiated a diagnostic approach towards the art productions of the insane, other aspects of their work have been given less credit. They seem to have been the first to note that the distorted images of insane art were charged with significance in relation to the patient's conflicts. Such recognition by these two men of the symbolic significance of psychotic art preceded the deeper psychoanalytic interpretation of symbols by almost twenty-five years. Contrary to the traditional attitude of their time, Simon and Lombroso found sense and meaning in the creations of psychotic patients and showed how the stylization in the art of the insane could be employed as an important means of diagnosis.

These investigators were, as far as the writer can discover, the first to observe the striking similarity between the naive art productions of the insane and those of the child and primitive man. Some thirty-five years later, Prinzhorn made this comparison more conclusive by an impressive collection of illustrative material in his publications on psychotic art. But he was not, as is sometimes erroneously reported, the originator of such a comparative study of the art of the primitive, the child, and the psychotic.

What Lombroso had written, "On the Art of the Insane," in 1880, was but a chapter of his book, "The Man of Genius." In this volume his examination of psychotic art was employed to emphasize a point of view now completely discredited concerning the identification of genius with insanity.

Following in Lombroso's footsteps, Nordau, as is well known, continued to develop this same thesis. As a consequence of the prestige of these two men, a host of studies about well-known artists who became insane was published; all of these studies were based on Lombroso's theory of the degenerative stigmata of genius. Since this concept of the creative personality is no longer accepted by psychiatry, it needs no elaboration in this study.

Simon and Lombroso were led, as a result of their investigations of psychotic art, to ask whether such studies might not have an effect on esthetics and art criticism. Again these two psychiatrists saw beyond their time; for no one can doubt that awareness of psychotic and primitive art has been a source of stimulus to many of the art movements of today. From futurism, expressionism, and dadaism, to surrealism, we can discover close interrelations with psychotic and primitive art.

But consideration of the purely esthetic quality of psychotic art did not come to the fore until Prinzhorn emphasized this aspect some thirty-five years after Simon and Lombroso had opened up this field of exploration.

The Development of Experimental Drawing Tests

Like Simon and Lombroso, Mohr(6) (1906-7), who made the next significant contribution to the diagnostic study of psychotic art, came to the conclusion that "drawings as a means of expression" serve as "an indication of inner happenings" in the life of the insane. But Mohr's researches were not based on a study of chance art projections that had been spontaneously created by patients in asylums. He began the construction of carefully planned drawing tests as diagnostic aids; these included the copying and completing of objects, the illustration of stories, and the comparison of drawings, made on his request by patients before and after the onset of disease. Mohr also carried out experiments relating to the free associations of psychotics in relation to their art, which showed his appreciation of the diagnostic value of the differing responses of such patients.

As late as 1906 Mohr referred in his paper, "Über Zeichnungen von Geisteskranken und ihre Diagnostische Verwertbarkeit," to how little use had been made by psychiatrists of the art productions of psychotics as a means of understanding their condition. Mohr(6,p.99) wrote:

"It is worthy of remark that up to the present so relatively little attention has been paid to the drawings of the insane. It is indeed true that almost every psychiatrist possesses a larger or smaller collection of them; but in most cases they are regarded merely as curiosa without any greater significance, and are not put to any further use. The literature on the subject is quite sparse, and the very few studies which have been concerned with the subject do not really deal with the matter in a systematic way, but are

content with the description of a number of drawings and a few general remarks. Nowhere does one find a careful psychological analysis."

Mohr described what objects he asked his patients to "draw on request" and then made some keen psychological observations as to their behavior and methods of dealing with the material of such tests. He showed with illustrative examples the responses that are characteristic of a catatonic or a manic-depressive patient. In explaining the use of such psychotic drawings, Mohr commented that "the undoubted value of such a drawing thus lies in the fact that it holds fast in the picture, everything that one observes in the patient in other ways. . . ." In a specific example of a catatonic's drawing, Mohr(6,p.113) explained that:

"... it seems to me the whole complexity of what is called the obstruction of the will is plainly visible; one sees, also, how closely blocking of the will, perseveration, negativism, and mannerisms are connected. . . . here we find not weary lack of strength, characteristic of inhibition, but rigid tension."

In discussing some drawings produced by a manic depressive, meant as an exact copy of a test picture, Mohr said that the resultant design was drawn by the patient "in the manic phase of a manic-depressive insanity." Mohr(6,p.116) continued:

"... at first he follows the request with a great display of gestures, talk and laughter, and visibly tries to copy it exactly; however as may be seen, not only did he not make a single line only once, but corresponding to his other motor unrest, repeated a number of strokes in rapid succession in the same direction."

Mohr(6,p.116) reported how the patient after drawing the requested outline of the original picture added spontaneously a rooster, a weather vane, a peephole, a chimney with a cat climbing up on it, and the like. "He would have added still more, if the drawing had not been taken from him."

The additional symbols which his manic-depressive patient chose to add to the required drawing test, were described as "these side-associations expressed life and activity which gave a 'euphoristic impression' . . ." But Mohr never tried to penetrate into the meaning of the unconscious symbols which were sometimes elaborated spontaneously by his psychotic patients.

In the case of the drawing of the manic-depressive, just described, Mohr referred to the way in which the patient added a rooster to the copied pattern, as characteristic of "a flight of ideas." He did not note that such spontaneous elaborations may also have considerable diagnostic significance as well as therapeutic importance.

But Mohr recognized that spontaneous and requested drawings created by psychotics may contain deep meanings which require further exploration. He wrote(6,p.136):

"In the spontaneous and other drawings of patients, what is the significance of the often-to-be-found and typically repeated strange forms and colors?"

Do they correspond to a change in the function of perception or rather observation? In other words, does the patient see external objects differently, is his eidetic life as a whole changed thereby, or does he perhaps represent things in that way for some more external or accidental reason, or perhaps for a purely internal reason (hallucination, illusion, etc.)? How objects are constituted in the apperceptive life of the insane, we can make of that no absolutely clear picture in any degree . . . as is much too little recognized . . . For this reason alone, then, drawing and painting products must be most welcome to us, because they are one of the new means by which . . . we can get a certain direct insight into the psyche."

Kraepelin,(7) Jaspers,(8) and Aschaffenburg(9) also emphasized the importance of planned art tests and came to the conclusion that the drawings of psychotics were an as yet undeveloped source of psychiatric knowledge which was especially useful as an aid in diagnosis.

These earlier experimental drawing tests, which recognized the diagnostic value of image projections, were the precursors of that expanding succession of projective tests, such as the Rorschach, the Goodenough, the Thematic Apperception, and the Szondi tests, which now have an accepted place in the diagnosis of both psychotic and neurotic patients.

Prinzhorn and the Esthetic Approach

Initial interest in the art productions of the insane led to the first descriptive classification of the disease syndromes of the psychoses. Two new avenues of investigation of the spontaneous art of mental patients were an outcome of the original explorations of Simon and Lombroso. The one which dwelt on the esthetic significance of psychotic art was most completely presented in the writings of Prinzhorn. The other phase which concerned the psychodynamics of the spontaneous art of both psychotic and neurotic patients was derived gradually from psychoanalytic investigations of the unconscious.

While Prinzhorn's writings (1916-1926) overlapped the developments of psychoanalysis in point of time, the quality of his contribution belongs to a period prior to that of the psychoanalytic approach.(10,11)

Prinzhorn's work, "*Bildnerei der Geisteskranken*"(10) (1922) stands as a landmark in the study of psychotic art. Its many color reproductions are magnificent and its text offers the most complete survey of the literature on the subject up to that time. While its practical use as a reference book remains unchallenged, the inadequacy of Prinzhorn's text seems to have received too little criticism.

The reproductions in Prinzhorn's book were drawn from a vast collection of psychotic art known as the Heidelberg Collection, which he had gathered from many of the insane asylums of Europe. As in the earlier collections of psychotic art, the data on the clinical histories of patients were secondhand and often inaccurate. The art products had been selected first and supplementary information concerning long institutionalized patients had then been collected.

Of great interest in Prinzhorn's book is the illustrative material that he used

to confirm what Simon and Lombroso had referred to years before as the similarity between the art forms created by psychotics, children, and savages.

Prinzhorn expressed himself as critical of the known approaches to psychotic art, which he referred to as "the psychiatric," "the folk-lore," and the "psychoanalytic" approach; his own viewpoint, based on Gestalt psychology, defended what he called the "esthetic" approach. His attempts to define the esthetic value of psychotic art were based on vague generalizations such as: "Pictures made by human hands reach up into their own sphere of values which can only be directly experienced as esthetic."⁽¹⁰⁾

Before turning to a review of what the development of psychoanalysis contributed to an understanding of psychotic and neurotic art, it is of interest to refer to Prinzhorn's evaluation of the psychoanalytic treatment of psychotic art. While admitting that the psychoanalytic approach "is particularly fruitful in the very extensive interpretation of symbols" in the hands of an expert, he made no active use of this new technic. Prinzhorn^(10,p.332) felt that any such (psychoanalytic) symbolic study of patients' conflicts, while possibly of interest as to interpreting content, was "by contrast of extremely little value" in comprehending "creative forms."

First Explorations of Art by Psychoanalysis

Interest in the sheer estheticism of psychotic art drove Prinzhorn down a blind alley. His observations of insane art seem today to have less significance than the early writings of Simon and Lombroso. For the latter two men, without the assistance of the psychoanalytic technic, had nevertheless perceived that the symbolic constructions of the insane expressed the nature of the inner conflicts of such patients.

In the 1920's, interest in cubist and expressionist art was at its height, and psychiatrists as well as artists became intrigued with the resemblances between the subjective expression of modern artists and the productions of psychotics. Freud's exploration of the unconscious had offered psychoanalysts a key to the meaning of artistic creation, which could be applied to the artist as well as to the neurotic or the psychotic.

Among those who, at this time, became fascinated with the expressionistic-like productions of their psychotic and neurotic patients were Schilder,⁽¹²⁾ Pfister,^(13,14) and Pfeifer.⁽¹⁵⁾ They all published illustrated studies, with a number of fine color plates, relating to specific patients who created pictures spontaneously, while under observation or during psychoanalytic treatment. Such art productions were studied and analysed not primarily for the purpose of therapy, but as a means of gaining insight into the subjective creations of expressionist and cubist art.

The well-known Spanish psychiatrist, Lafora, in discussing in 1923 the psychological problem of cubism and expressionism said: "From the psychological point of view the psychic creative impulses of expressionism are the same as those observed in the spontaneous subjective production of schizophrenic cases. In the

latter, the *autistic* or *introvert* impulse is stronger than in normal art, but the psychic mechanism is substantially the same. (16, p. 219) . . . Expressionism, then is essentially an effort to represent by plastic means, not the external world, but the artist's internal world; the objective content is only there as a means to an end, the expression of the artist's mentality." (16, p. 217)

Exploration of the artist's inner world, rather than efforts at therapy by means of art, stimulated these studies by Schilder, Pfister, and Pfeifer on the art of neurotics and psychotics; their publication helped to interest psychiatrists and artists as well as the general public in the unconscious mechanisms of creative art.

Schilder in his "Wahn and Erkenntnis" (12) (1918) offered a study of the spontaneous art of a schizophrenic. Of particular interest in relation to his psychological investigation of expressionist art, is Schilder's report on his patient's statement that in his own art productions sound was felt as colors. Such a tendency to synesthesia, not uncommon among schizophrenics, was pointed out by Schilder as similar to the attempt of expressionists to express sound as color in their paintings.

Pfister in 1923 in his "Expressionism in Art" (13) undertook to make a psychological study of the nature of such creative expression by analyzing an artist by means of his work. The volume was an attempt to uncover the unconscious motives of creation in a particular artist and apply them to "the psychological and biological basis of artistic expressionism." This study is of historical interest as one of the first attempts to psychoanalyze an artist by means of free association to his own pictures. But Pfister had little success in treating this patient. Pfister treated another case of an eighteen year old youth more successfully with the aid of this patient's drawings. (14)

Pfeifer in 1923 published "Der Geistesranke und sein Werk; Eine Studie über Schizophrene Kunst." (15) He described the art of four schizophrenics, two of whom had previously been artists. The colored illustrations are of striking quality, and contradict Pfeifer's conclusion that pathologic art has no meaning or significance.

Noting a certain similarity in the style of psychotic art and the creations of well known artists, Pfeifer concluded in this study that those who are mentally ill come under the same cultural influences as those who create normal art. He seemed unaware that the subjective response of those who are mentally ill, as well as those who are better equilibrated, obeys the same inner laws of the unconscious, so that a similar expression of ancient forms and symbols tends to reappear in all types of art, whether produced by the primitive, the civilized, the mentally disturbed, or the normally balanced person.

When Morgenthaler, like the earlier directors of insane asylums, chanced to come across the prolific art productions of an old paranoid schizophrenic in his institution, he had at his disposal the recent knowledge of the psychoanalytic technic to help him unravel the meanings of the fantastic forms in the art and the writings of a particular psychotic. Morgenthaler's study of the creations of his patient, "Ein Geisteskranker als Künstler" (17) (1921), is of special value as one of

the rare clinical studies of the art of a schizophrenic. No other investigations of that period, and few today, trace by means of a series of successive art productions, the nature of the inner conflicts and early traumatic experiences occurring during such a psychosis. By means of his psychoanalytic understanding of the unconscious, Morgenthaler discovered how this paranoid schizophrenic's sense of guilt about his early sexual perversions and unhappy youth were projected into his pictures. While this brilliant study advanced the exploration of psychotic art by means of psychoanalytic interpretation, Morgenthaler, like Schilder, made no attempt to use such art productions as a means of psychotherapy.

In these studies, with the exception of the ones by Pfister, the efforts were exploratory rather than therapeutic. Freud(18,p.112) wrote in his "Autobiographical Study" (1925):

"The theory of the neuroses belongs to psychiatry and is indispensable as an introduction to it. It would seem, however, that the analytical study of the psychoses is impracticable, owing to its lack of therapeutic results. Mental patients are, as a rule, without the capacity for forming a positive transference, so that the principal instrument of analytic technique is inapplicable to them."

Later in the same paragraph Freud(18,p.112) states, after referring to the contributions of Jung, Abraham, and Bleuler in dealing with the mechanisms of the psychoses, that "especially since it has been possible to work with the concept of narcissism, they have managed now in this place and now in that, to get a glimpse beyond the Wall."

Only as the narcissistic psychoses were eventually treated successfully by Federn, Sullivan, and Fromm-Reichmann, was the way opened for new developments in art therapy. But at this period of the 1920's, the study of such art could only be exploratory and interpretive.

With the mapping of the topography of the unconscious and the understanding of the psychodynamics of repression, regression, condensation, dissociation, identification, and symbolization, it became increasingly possible for psychoanalysts to begin to unlock the inner meaning of psychotic and neurotic art.

The outstanding psychiatrist in the United States in this period of the 1920's, who applied these Freudian concepts to the interpretation of schizophrenic art, was Nolan D. C. Lewis. He published two important papers(19,20) (1925, 1928) which investigated the range of symbolic meaning in such art productions. Lewis, while basing his interpretive technic primarily on the Freudian approach to symbolism, suggested that certain archaic, nonpersonal symbols in schizophrenic art could be understood only in terms of a "genetic" or "collective" unconscious which Jung had elaborated. (Lewis, because of his recognition of the importance of archaic expression, has given much study to ancient symbolism. When neurotic or psychotic patients are unable to explain their own symbols he is known to make constant use of this knowledge in the interpretation of their art productions.) Lewis seems, as far as it can be ascertained, to have been the first psychiatrist to

employ analysis of the art productions of patients either singly or in series, as an adjunct to psychoanalytic therapy.

As the efforts of psychiatrists were dependent on an understanding of the symbolic productions of the unconscious, further developments in the use of spontaneous art in therapy had to wait for a growing comprehension of symbolic expression and its archaic modes of release.

Problems of Symbolism

Since communication by means of visual symbols projected in the art of mental patients is destined to be of growing importance in the development of art therapy, the subject of "Symbolism" as a mode of universal expression must be explored.

Freud's method of dealing with symbols has had such a deep influence on both psychiatry and modern art that the psychoanalytic concept of symbolism needs to be examined.

In his "Autobiographical Study," Freud(18,p.82-83) gave a clear and condensed statement of the nature of the dream and the process of dream-work, which leads us directly to the image-making capacity of the unconscious:

"I have given the name of *dream-work* to the process which with the co-operation of the censorship, converts the latent thoughts into the manifest content of the dream. It consists of a peculiar way of treating the preconscious material of thought, so that its component parts become *condensed*, its mental emphasis *displaced*, and the whole of it is translated into visual images or *dramatized* and filled out by a deceptive *secondary elaboration*. The dream-work is an excellent example of the processes occurring in the deeper, unconscious layers of the mind which differ considerably from the familiar normal processes of thought. It also displays a number of archaic characteristics, such as the use of a symbolism (in this case of a predominantly sexual kind) which it has since also been possible to discover in other spheres of mental activity."

A further concise statement as to the nature of the symbolic process as understood in psychoanalysis was given by Ernest Jones(21,p.183) in his long discussion of "The Theory of Symbolism":

"Only what is repressed is symbolized; only what is repressed needs to be symbolized. This conclusion is the touchstone of the psychoanalytical theory of symbolism. . . . Symbolism arises as the result of intrapsychical conflict between the repressing tendencies and the repressed."

Jones(21,p.183) also summarized what themes are available to man for this process of symbolization: "All psychoanalytic experience goes to show that the primary ideas of life, the only ones that can be symbolized — those namely concerning the bodily self, the relation to the family, birth, life and death — retain in the unconscious throughout life their original importance."

For our future consideration of the symbolic art projections of mental patients, certain points in these Freudian definitions of symbols must be kept in mind: (1) that symbolization is the result of repression; (2) that while archaic symbols appear first as visual images, they are usually translated into verbal expression in the course of psychoanalytic treatment; (3) that symbolic expression is limited to concrete ideas concerning the personal life of the patient, which, because of repression, act as a substitute for direct verbalization.

Freud, throughout his writings, developed his approach to symbolism upon the forms of dream-image discoverable in the unconscious. The translation of such symbols, which were originally visual, into verbal expression by the patient, became a basic element of psychoanalytic therapy. A preference for verbal symbols was shown consistently by Freud; in his own words he (22,p.156) emphasized "the universality of speech symbolism," while he tended to minimize the importance of the visual symbol which precedes the verbal.

When an interior experience of imaged symbols is thus consistently reduced to words, it has been deprived of certain aspects of its dynamism. For a pictured symbol, whether related to some racial memory or ancient religious or philosophic tradition, may have meanings that cannot be reduced to the spoken or written word.

The root meaning of the word "symbol" is derived from the Greek "symbolon" (a sign or token by which one infers or interprets a thing), which is from *symbollein*, meaning to throw or put together, to compare. And "symbolism" is defined in Webster's dictionary as "the practice or art of using symbols, as by investing things with a symbolic meaning, or by expressing the invisible, intangible, or spiritual, by means of visible or sensuous representations."

Freud, by adapting a part of the dictionary definition of a symbol as a sign, narrowed its meaning to dealing only with what has been repressed from the conscious into the unconscious; that which refers only to the immediacies of man's personal life. The psychoanalytic definition of symbolism is not therefore concerned with the ancient and original aspect of the symbol which expressed "the invisible, intangible or spiritual" and which is at the foundation of the original usage of all symbols in ancient tradition.

Jung (23,p.468) has always insisted that "the significance of a symbol is not that it is a disguised indication of something that is generally known, but that it is an effort to elucidate by analogy what is as yet completely unknown and only in process of formation."

What remains the basic difference between the Freudian and Jungian approach to symbolism was recently well formulated by Gerhard Adler, perhaps the most articulate of Jung's followers. Adler (24,p.63-64) wrote:

"A symbol is not a sign for something that can just as well be expressed in rational words. That is why Freud really uses the term 'symbol' incorrectly. A stick, for instance is not a symbol for a sex organ, but merely a sign or cypher; his 'symbol' does not in any way express more than can also be expressed in another and a rational way. A true symbol — is not, as with

Freud, a static sign, but a dynamic experience. Where a symbol is needed as expression of an experience, every other mode of expression would be inadequate.

"The energy of the symbol is thus derived precisely from the fact that it expresses in an image an experience which on account of its complexity and uniqueness eludes intellectual formulation. . . . Once they (the symbols) are fully analysed and formulated, they lose their original significance as symbols. Symbols are a kind of numinous energetic phenomenon, and exercise strong influence on the conscious psyche beyond the possibility of defining them. They are expressions of archetypal events prior to differentiation or rationalization."

That the inner meaning of a symbol or image is not communicable by verbal explanation is the view not only of analytical psychologists and those of ancient pagan and medieval tradition, but of such a scholar philosopher as G. R. S. Mead, and of the painter Paul Klee.

Mead(25,p.181-182) wrote (1910):

"A symbol is not a word; it is something more fundamental; in its proper meaning it is something almost more primitive than an ideogram or type picture.

"If there is a 'flat-land' as compared with a three-dimensional land, may we not think of symbol-language as a three-dimensional language, so to speak, when compared with the 'flat' languages of ordinary speech? Or to use these words in a deeper meaning, speech in its most primitive mode is action, and so symbolic action, or drama, might be said to be the true symbol-language."

Fourteen years later (1924), Klee also pointed out the inability of words to penetrate the varied dimensions of a work of art as the symbol of its creator. In his talk, "On Modern Art," Klee stated, "I shall confine myself largely to throwing some light on those elements of the creative process which, during the growth of a work of art, take place in the subconscious." In discussing the difficulty of surveying a work of art as a whole, he pointed to the "deficiencies of a temporal nature in the spoken word" in attempting to convey "a clear three-dimensional concept of an image in space." For such "an image which possesses simultaneously a number of dimensions" cannot, explained Klee(26,p.9) be reduced to the linear dimension of the spoken word. "What the so-called spatial arts have long succeeded in expressing . . . this phenomenon of many simultaneous dimensions which helps drama to its climax, does not, unfortunately, occur in the world of verbal didactic expression."

In the words of Mead and Klee the full original sense of a symbol has been re-established; both of these men have understood a symbol to be an image or construction which reaches into dimensions beyond the intellectualized grasp of speech.

Differences and Similarities Between Freud's 'Archaic Heritage' and Jung's 'Collective Unconscious.'

The art productions of psychotic and neurotic patients are filled with archaic symbols which are derived from the deeper levels of the unconscious and which are a constant source of search and questioning to both psychiatrists and artists. Before it is possible to deal with such art projections in the clinical studies which follow, it is necessary to clarify the views of both Freud and Jung concerning the nature of the archaic material produced by the unconscious.

Freud developed the term "archaic heritage" to cover those symbolic forms of expression found in the unconscious of modern man, which hark back to earlier and more primitive periods of man's cultural development. Freud, in his earlier writings (27, p.469) before his break with Jung (1911), when commenting on the archaic heritage (in his 'Postscript' to the Schreber case), referred not unsympathetically to Jung's explanation of the "mythopoeic forces of mankind which are not extinct, but to this very day give rise in the neuroses to the same psychological products as in the remotest ages." But seven years later Freud was beginning to qualify his agreement with Jung concerning the nature of this archaic heritage. Now Freud (28, p.577-578) wrote:

"I fully agree with Jung in recognizing the existence of this phylogenetic inheritance, but I regard it as a methodological error to seize upon a phylogenetic explanation before the ontogenetic possibilities have been exhausted . . . And, finally, I cannot feel surprised that, what was originally produced by certain circumstances in prehistoric times and was then transmitted in the shape of a predisposition to its re-acquirement, should, since the same circumstances persist, emerge once more as a concrete event in the experience of the individual."

Thus in 1918 Freud, while still agreeing with Jung as to the importance of the phylogenetic inheritance as expressed in the archaic symbols of the unconscious, explained the recurrence of ancient symbols, not in Jung's terms of a "collective unconscious" but in terms of the similarity of human response, in the present as the past, to similar experiences and conditions.

Ernest Jones (21, p.183) elaborated the Freudian viewpoint in regard to the source of archaic symbolism by stating that it "has to be recreated afresh out of individual material and that the stereotypy (in ancient symbols) is due to the uniformity of the human mind, . . . to the uniformity of the fundamental and perennial interests of mankind."

How Jung's concept of the collective unconscious differed from Freud's archaic heritage is best described in Jung's own words: (29, p.52)

"A more or less superficial layer of the unconscious is undoubtedly personal. I call it the *personal unconscious*. Yet this personal unconscious appears to rest upon a deeper layer that does not derive from personal experience and

achievement but is inborn. This deeper layer I call the *collective unconscious*. I have chosen the term "collective" because this part of the unconscious is not individual, but universal; in contrast to the personal psyche, it has contents and modes of behavior that are more or less the same everywhere and in all individuals."

The differences between Jung's and Freud's interpretation of the unconscious depends, according to Jung, (30, p. 125-126) on their different views of repression:

"Repression [according to Freud] is a process that begins in early childhood under the moral influence of the environment and lasts throughout life. Through analysis the repressions are released and the repressed wishes made conscious. According to this theory, the unconscious contains only those parts of the personality which could just as well have been conscious, and are repressed through education. But while 'the infantile tendencies loom large' the unconscious needs to be evaluated in broader terms. The unconscious . . . embraces not only repressed contents, but likewise all that psychic material which has never attained the threshold of consciousness. . . . These are the germs as it were of future conscious contents."

What then, from the preceding quotations, appear to be the agreements and preliminary divergences between Freud and Jung on the nature of the symbolic contents of the unconscious? Both admit evidence of archaic symbols in the projections of modern man, but differ in the way in which they formulate its meaning. Freud emphasizes the personal unconscious as the source of this archaic symbolism (primarily sexual); while Jung, although accepting the existence of sexual symbolism in the area of the personal unconscious, considers that certain universal symbols, named by him as "archetypes" are discoverable in an area of the collective unconscious, which is shared by all mankind. While Freud limits the unconscious to being the container of repressed contents, Jung envisages it as also holding potential elements of future experience.

Freud, in his later statements about the nature of the archaic heritage, in both "The Ego and the Id" and "Moses and Monotheism," developed a speculative interpretation of his own as to the how and the why of man's phylogenetic heritage; these statements appear to be both a criticism of and an answer to Jung's formulation of a collective unconscious as the source of archetypal forms.

To what extent Freud's and Jung's hypothetical formulations concerning the reappearance of age-old symbols in the psyche of modern man are actually opposed to each other, can only be decided by comparing their psychological explanations of this phenomenon.

To quote Freud (31, p. 52) first:

"The experiences undergone by the ego seem at first to be lost to posterity; but when they have been repeated often enough and with sufficient intensity in the successive individuals of many generations, they transform themselves so to say into experiences of the id, the impress of which is preserved

by inheritance. Thus in the id which is capable of being inherited, are stored up vestiges of the existences led by countless former egos; and when the ego forms its superego out of the id, it may perhaps only be reviving images of egos that have passed away and be securing them a resurrection." Five years later Freud(22,p.154) enlarged his views of the archaic heritage: "A new complication arises, however, when we become aware that there probably exists in the mental life of the individual not only what he has experienced, but also what he brought with him at birth, fragments of phylogenetic origin, an archaic heritage. Then the question arises: in what does this inheritance consist, what does it contain, and what evidence of it is there?"

Freud(22,p.156) then offered his answers to these questions by reference to psychoanalytic experience with the symbols of dreams and speech:

"Symbolism even ignores the differences in languages; investigation would probably show that it is ubiquitous, the same with all peoples. Here there seems to be an assured case of archaic inheritance from the time when speech was developing, although one might attempt another explanation: one might say that there are thought connections between ideas which were formed during the historical development of speech and which have to be repeated every time the individual passes through such a development. This then would be a case of inheriting a thought-disposition as elsewhere one inherits an instinctual disposition."

Freud's elaboration of the concept of the archaic heritage and of the possibility of its being transmitted by the "experiences of the id" which "is capable of being inherited and in which are stored up vestiges of the existences led by countless former egos" is supplemented in the above passage by a suggestion that "thought disposition might be inherited." (Here, again, Freud, as always, when dealing with archaic material, was more concerned with symbols of speech than with the more primitive picture symbols of the unconscious.)

In a third statement Freud(22,p.157) concluded:

"In fact it [the phylogenetic inheritance] seems to me convincing enough to allow me to venture further and assert that the archaic heritage of mankind includes not only dispositions, but also ideational contents, memory traces of the experiences of former generations. In this way the extent as well as the significance of the archaic heritage would be enhanced in a remarkable degree."

Compare Jung's interpretation(32,p.112) of the same question in the following:

"Continuity of consciousness can only exist if we assume a certain unconscious condition carried on by biological inheritance. By this assumption I naturally do not mean an inheritance of representations, which would be

difficult if not impossible to prove. The inherited quality must rather be something like a possibility of regenerating the same or at least similar ideas. I have called the possibility 'archetype.'"

In summarizing, we have Freud attempting to explain the reappearance of the archaic heritage in modern man: "A heritage which, with each new generation, needs only to be awakened, not to be reacquired." He suggested that "memory traces" are carried over from generation to generation. Freud seemed to feel that in this formulation he remained within safe scientific bounds by referring to the way in which, biologically, the ontogenetic state of man recapitulates the phylogenetic; he then applied the same principle to psychology by suggesting that by means of memory traces such recapitulation is carried over from generation to generation. But since nothing is yet known, scientifically, concerning the nature of memory, this remains an hypothesis. Here, in Freud's hypothesis concerning the archaic heritage we have an attempt to explain archaic projections as inherited memory traces carried over from countless generations, and his suggestion that this may be analogous to the transmission of instincts in animals.

How much does Freud's formulation differ, one may now ask, from Jung's, when the latter speaks of the way in which continuity of consciousness is related to biological inheritance?

More than a decade after Jung had elaborated his concept of the collective unconscious, which Freud had so emphatically rejected, Freud broadened his previous formulation of the archaic heritage to the extent that he could state: "... in the id which is capable of being inherited, are stored up vestiges of the existences led by countless former egos."

Is not Freud's terminology, such as "former egos" and "memory traces," quite as hypothetical as Jung's "collective unconscious" or "archetypes" — concepts which Freud and his followers so frequently criticize as evidence of Jung's unscientific and mystical approach to the unconscious?

The decisive difference between the Freudian and Jungian interpretation of the unconscious relates to the nature of this archaic material. To Freud the symbolism of the unconscious was reductive, dealing primarily with past experiences that had been repressed, but which were generally related to verbal rather than pictorial symbols. The Jungian approach acknowledges the existence and importance of the personal unconscious, but regards such an approach as incomplete; to Jung the universal or collective unconscious contains images which deal not only with past experiences that have been repressed, but also with future experiences that have not yet been related to consciousness but may be in the process of such development.

Divergence of Interpretation of Symbols

The unconscious, it is agreed by both Freud and Jung, contains ancient symbols that are of universal validity today. Freud chose to call this material the "archaic heritage," and Jung calls it the "collective unconscious." We have just seen that the final psychological formulations of Freud on this subject do not

actually contradict those of Jung to the extent that Freud had come to believe.

What differences occur in the type of symbolic material produced by a patient in the course of a Freudian or Jungian analysis is open to some exploratory questioning. It is true that sexual symbolism is more prominent in a Freudian analysis and universal symbols are more in evidence in a Jungian form of psychotherapy. But why is this so?

What makes the dreams of a Freudian patient speak more often in sexual symbols and those of a Jungian in collective symbols? Concerning this sharp divergence, found so often in the forms of Freudian and Jungian symbolism, the psychoanalyst Jan Ehrenwald(33,p.101) has some illuminating observations to offer. He states that "telepathic leakage in the psychoanalytic situation" may account for the "completely divergent styles in the self-expression of the unconscious" in the patients of different analytic schools. "Telepathy from analyst to patient may give the key to the puzzle. . . . It may explain the inconsistencies of the findings presented by various students . . ."

Ehrenwald has made an important point. But there is another aspect to this problem which concerns another psychological reason for the appearance of divergent symbolic forms; this pertains to the matter of their interpretation. It is not improbable that a Freudian or Jungian patient tends to produce symbols in the style and form most acceptable to his therapist. But we have a right to question why, if the unconscious is truly universal, should such symbolic groupings of material seem inevitably to substantiate either a Freudian or Jungian analysis? Is it not possible that such interpretations of symbolism as are identified with each school of psychotherapy may contain richer and more extensive meanings than their special interpretations have so far suggested? And is it not possible to discover with the greater assistance of the patient what his own symbolic productions really mean to him, with less interpretation by the psychotherapist?

Spontaneous Art Productions as Supplements to a Jungian or Freudian Analysis

Differing conceptions of symbolism and their theoretical relation to psychotherapy have been reviewed as background to the consideration of symbolic art as produced in the course of either a Jungian or a Freudian analysis. Few clinical studies of either psychotic or neurotic patients have appeared in which a sequence of spontaneous drawings or paintings is employed as a supplementary aid to treatment by means of psychoanalysis or analytical psychology. There are, however, two such publications which show distinctly the interpretive differences of these two schools in dealing with symbolic material: for the Jungian approach, "The Mythology of the Soul" by H. G. Baynes,(34) and for the Freudian standpoint, Gustav Bychowski's "The Rebirth of a Woman,"(35) have been selected for consideration.

Baynes conceived the idea of writing his volume on the interpretation of schizophrenic art after psychotherapy with his two borderline schizophrenic patients had been successfully concluded. His reason for re-examining the

drawings and paintings of these two individuals was "because of my inability to understand my patients' material."

Both of the patients whose art Baynes examines were young men in their early thirties; one was a physician, and the other a trained draftsman. Both came for treatment when they were having difficulties in their marital adjustments, during the pregnancy of their wives. Neither of these men was conscious of latent homosexual trends, which appeared in the course of analysis. In each case there was a psychotic inheritance from the father's side and special difficulty in adjusting to women in terms of mother, sister, wife, etc.

The first patient was a young physician who, in Jungian terminology, was regarded as "extraverted." He produced crude and primitive symbolic material in the course of his analysis; a similar type of expression was evident in his pictures. He began immediately to employ spontaneous art as a method of expanding the meaning of his first dream; such drawing and painting continued throughout treatment.

The second patient, the skilled draftsman, was, in Jungian terminology, an "introvert." His spontaneous art productions did not begin to develop until he was left to his own resources, during a period when treatment had to be interrupted. He then began to draw a series of unusually delicate and subtle designs, which were filled with a peculiar symbolic distortion. How such distortions became clues which led eventually to the heart of this patient's conflicts makes fascinating reading.

Prior to dealing with the symbolic material produced by these two borderline schizophrenics, Baynes contributed some important observations on the diagnostic characteristics of schizophrenic art. These observations may be of use to psychotherapists of other than the Jungian school. Baynes(34,p.130) wrote:

"For the proper understanding of this initial drawing it is vital to note the presence of the characteristic schizophrenic barrier between the conscious and the unconscious levels. In this (the first patient) it consists of jagged rocks. In the second case . . . it is represented as a jagged line, as might be found in a broken pane of glass. There is a distinct tendency in schizophrenic drawings for the field of the drawing to be broken, in this way, into two halves by an arbitrary line or barricade, and, as a rule, the contents of the two panels show little or no continuity, either of line or idea. This feature is pathognomonic of schizoid psychology and should be noted as a valuable diagnostic sign."

Baynes(34,p.116-117) also made an important point about certain "key drawings" that appear when the art projections of schizophrenics are related to therapy:

"It is simply a fact (which can be verified by anyone who studies schizophrenic drawings) that these patients tend to produce certain key drawings in which diagrammatic symbols play a prominent role and that these are subsequently used with effect in the development of the symbolical drama."

Baynes(34,p.12) also stated in reference to the unique symbols created by each of these schizophrenics:

"Neither of the two individuals appreciated the fact when he made the drawings, that he was drawing his own myth, nor was there any question, until much later, of a psychological demonstration of the material."

(Thus, the interpretation of these art projections was not made by Baynes *during* the process of therapy, but only some time *after* psychotherapy was concluded.)

In attempting to consider the type of spontaneous art produced by these two borderline schizophrenics, it is necessary to understand the way in which Baynes dealt, not only with their art productions, but with all of their responses during the process of analysis. Baynes(34,p.110) explained his Jungian technic in these words:

"In the routine of interpretation I have been guided to some extent by the patient's comments, associations and reactions. Where these were lacking, or where intellectual bias prohibited freedom of association, it was usually possible to find the corresponding analogy, either in previous dreams or drawings or in the field of general mythology. When the symbolism of the material suggested a parallel imagery in the mythological field I found it possible to use the indicated motif very much as one uses a specific dye-stain in histology for the purpose of bringing corresponding tissue-elements into relief.

"Freud has employed the Oedipus stain in order to emphasize one aspect of the parent-child constellation. But the disadvantage of using one powerful specific stain is that it tends to obliterate everything else. Without attempting to multiply examples, I have employed a certain number of well-known myth-patterns which seem to me appropriate and sufficient to the material at hand.

"The analogical method is indispensable in every psychological investigation."

As a consequence of applying the Jungian analogic method of elaborating symbolic meanings, Baynes has accumulated a quantity of mythological, legendary, and literary allusions as a means of interpreting symbolic material, especially the spontaneous art produced by these two borderline schizophrenics.

There is no doubt that Jung and his followers have succeeded in extending the exploration of areas of man's psyche that find expression in primordial symbols, beyond the confines of the sexual symbols preferred by Freud. But Jungian and Freudian analysts seem on occasion to impose specially focused interpretations of their particular school of therapy upon the symbolic productions of their own patients. Baynes, in his book, appears to have sometimes forced such interpretations upon the symbolic productions of his two schizophrenics. It would be impossible in this brief survey to review in any detail how Baynes did this on the

basis of such Jungian concepts as the "soul image," and the "fourfold functions of individuation," and such specific archetypes as the "shadow," the "anima," and the "wise old man." (29,p.88)

Baynes(34,p.6) explained that "these studies were conceived originally as technical contributions to the literature of schizophrenia." Later he decided to write in a style for the general public because he believed that "the subjective material in both cases was found to transcend the limits of psychopathology, demanding consideration from the historico-religious standpoint."

What remains of lasting value in this study seems, however, to relate not to the "historico-religious standpoint," but to the more technical material which concerns schizophrenic behavior as expressed in these symbolic art productions of two borderline schizophrenics.

We need to hear Baynes's own evaluation of the significance of art production to the schizophrenic:(34,p.112) before we consider one specific example of the symbolic art of the second of Baynes's patients, as a means of following the application of Jungian interpretation to highly symbolic materials:

"The man with a shut-in personality . . . experiences an immediate release of tension when he finds he can express his moods in a vigorous, spontaneous drawing. And when, in the analytic hour, he discovers that his drawings are graphic representations of the morbid inner process which holds him, as it were, marooned and inaccessible in a world of living men, his relief is enhanced by understanding. . . . When the directional movement of the autonomous activity is allied with conscious purpose, the resulting drawings begin to reveal an inherent development, as though moving towards a *dénouement* . . ."

"Another important advantage of this method is that the conscious personality participates actively in the therapeutic process, in contrast to dream analysis where the subject is passively engaged. In so far as participation in the creative process becomes active and voluntary, the period of treatment is materially shortened and the value of the experience is correspondingly enhanced.

"Among the various pathological types with which we have to deal, the schizophrenic personality tends to show the greatest readiness to express his fantasy-life in pictorial attempts. . . . Even if the drawings appear almost unintelligible, a discussion of them yields a certain real satisfaction. This is intensified if at the same time, the material of the drawings can be related to the patient's dreams."

As a means of estimating the value of Baynes's method of interpreting symbolic material, we shall use a single design from the art productions of his second patient, the professional draftsman. Some background information concerning this man's life is needed, in order to understand the implications of his symbolic art, as represented in his painting, "A Candle Burning in the Depths of the Sea." This patient, it may be recalled, had continued to make a succession

of pathologically distorted line drawings before entering this last phase of his analysis. At this point Baynes(34,p.522,784) states:

"At last, and quite casually, as though it had no particular relevance, the patient told me a fact of his boyhood. . . . It concerned the man whom he had come to accept as his father and who had betrayed this trust in the most shocking way. . . . The seduction [by this man] had resulted in a pathologically intimate pact, which had shielded the man from discovery while undermining every normal relationship."

"The fact of the confession cannot of itself explain the astonishing change which now took place. The patient had no difficulty in telling me the whole story; he even thought he had told me already. But in the almost laconic tones of his voice it was obvious that, although the fact itself was not repressed, he was insensitive to its emotional consequences. The strength of my immediate reaction doubtless had the effect of bringing the complex within the sphere of emotional realization; but its full impact was experienced only when the subject faced the necessity of telling his mother and wife.

"This painting [which will be described] was produced after the vital decision had been taken [to tell his mother and wife of his early seduction]."

This was the critical traumatic event which, when it had been faced by the patient, led to the creation of his symbolic design; it is reproduced in its original colors in Baynes's book, which contains a vivid description of this painting: (34,p.785,786)

"The scene is under the sea. The blue depths are illumined by a candle which burns with a steady flame near the centre of the field. Attracted to the flame a shoal of small fish are seen swimming from the right into the orbit of light. These tiny fish are done with great delicacy. Some nearest the light bear a bright orange spot on their sides as though reflecting the flame of the candle.

"Circling the candle with leisurely power are two sharks . . . their curving motion suggests that they are circling slowly around the candle. The patient told me he had not intended them for sharks, but he agreed that sharks they undoubtedly were and suggested that their circling around the flame was a kind of dance.

"Notwithstanding the irrational notion of a candle burning under the sea, this painting is the first natural expression of feeling the subject has yet achieved. There is no trace of symptomatic distortion or abstract symbolism; instead the living denizens of the sea express an immediate sense of wonder. The concrete, almost intangible quality of the imagery gives a peculiar reality to the irrational content of the mood. The mood is governed by a fantasy which assumes the undeniable texture of experience.

"In the present instance the richness of colour, the perfect economy of design and the candid statement of the impossible denote a union of the

rational and irrational functions of the psyche resulting in a total moment of experience. Such a moment of experience is the only unshakable basis of faith...

"The steady flame of a candle represents a simple statement of spiritual fact. A light has been lit in the depths of the unconscious, and because it burns in the midst of the sea, it is a light that cannot be quenched. This is no optimistic miracle, no mere wish-fulfillment. The subject is deeply skeptical of illusory enthusiasms. He has discovered something in himself that remains steady and unperturbed even when threatening clouds of emotion are approaching.

"The significance of the candle as the germ of divinity derives from its emotional value as a phallic symbol, combined with the idea of light recognition. Thus in itself the candle unites the rational with the irrational elements, symbolizing experimental knowledge or conative cognition. It is this power of uniting the conscious and the unconscious in a single significant expression which, as Jung has shown in *Psychological Types*, belongs uniquely to the reconciling symbol."

Further discussion of the Jungian interpretation of this borderline schizophrenic's symbolic painting will be postponed until it can be compared with another painting of related quality and theme, which was produced by Bychowski's psychoneurotic patient in the course of a Freudian analysis.

Bychowski's paper, "The Rebirth of a Woman," (35,p.32-57) deals with the spontaneous art productions of a psychoneurotic 37 years of age; her art is described as an "adjuvant" to a Freudian analysis of this patient. Bychowski wrote that in presenting these twenty-three paintings created in the course of treatment, he wished to discuss these artistic productions "as a possibly integrative part of the psychoanalytic treatment."

With this young woman, as with the second of Baynes's patients, the spontaneous art began to develop only after several months of analytic treatment. The first drawing was made in the third month of analysis, and a few weeks later began the series of paintings discussed in Bychowski's paper. These pictures were painted at intervals in the course of an analysis which lasted two years. According to Bychowski(35,p.38):

[The patient] "made a few scattered attempts at painting already prior to her treatment in obvious identification with her artistic husband. However, it was not before the analysis was well under way that she started to paint systematically and with great ardor. It was entirely on her own initiative. She would bring every picture to me and we would treat it like any other material in analysis."

The basis for the study of the art productions of this patient was explained by Bychowski(35,p.38) in the following statement:

"The analysis lasted two years. Two months after its successful completion

the writer . . . reviewed with Cornelia the entire series of pictures and asked her interpretation. This interpretation added to the notes made during the analysis form the basis for the following study."

As a prerequisite to our consideration of this woman's art, Bychowski's paper gives a description of her condition and the essential points of her history: (35,p.34-35)

"She came seeking help because of prolonged mild depression which seemed to be caused by her family situation. She had been married for fifteen years to a neurotic and erratic artist who abandoned her several times under pretense of need of freedom and solitude for artistic work. Left with no material security, and denied the possibility of children by her husband, she always waited for his return, without considering that she could behave in any other way. . . . A short review of her life history, should suffice to account for her neurotic development, in particular for the passive masochistic weakening of her ego."

As reported by Bychowski, the complicated family history of his patient contains a traumatic experience, concerning the identification of her real father, that is not unlike that of Baynes's second patient, the draftsman. At the funeral of the man she had thought was her father, she was suddenly informed that her uncle was her real father.

The patient's life is described as one of passive dependence first on an unreasonably dominant mother, and then on a similarly dominant sister. She escaped from the insurmountable frustrations of her life with her family into marriage with an irresponsible artist. In summarizing the psychoanalytic pattern of the patient's life, Bychowski(35,p.37) wrote:

"... we may say that conditions of life have impeded the development of the ego of Cornelia and maintained it at an immature stage of insufficient self-confidence and self-awareness."

Bychowski, like Baynes, re-examined the spontaneous art of his patient, before planning its publication. But there is this difference: whereas Baynes admitted that he returned to the art productions of the two borderline schizophrenics because he did not understand them, Bychowski reviewed the art by prearrangement with the patient.

Before introducing the twenty-three paintings on which he based his study, Bychowski(35,p.39) speaks of his patient's first drawing, which he has not reproduced:

"The production started [spontaneously] with a drawing which Cornelia brought in the third month of analysis. At that time the image of the dead father condensed with the dead uncle [who she found out was her real father] became so vivid as a result of the analytic process that at times it was changing into a real hallucination. . . . The drawing [of this hallucination]

had a very definite function of giving a clear cut shape of the frightening image and thus terminating the kathartic process in this particular stage and in this particular sector. This function of the artistic production as a sort of a kathartic adjuvant could be unmistakably observed in the change of Cornelia's behavior in analysis."

Already, in Bychowski's interpretation of his patient's first drawing, one may question whether he has encompassed its full significance to the patient. Did she suddenly break into a symbolic projection in a picture as "a kathartic adjuvant" to a Freudian analysis; or was she, perhaps, trying to express in symbolic images something which *she could not release in words*?

Here is Bychowski's statement as to his method of employing his patient's art projections as an "adjuvant" to his psychoanalytic treatment: (35, p. 40)

"In the course of the working through of the maternal fixation the conflict between the preoedipal attachment and the oedipal situation came to the fore. It clearly crystalized into the conflict between the pressure of growing womanhood on the one hand, hampered as it was by repressions, feeling of guilt and reaction formations and the regressive tendency towards infantile dependence on the other."

Later pictures are described by Bychowski as gradually working through the maternal fixation and the expression of the incompatibility between the love for a man and the maternal fixation. The patient then continues to work through the mother-daughter relation in several of her designs. Her pictures and her interpretation of their meaning illustrate, according to Bychowski (35, p. 46) how "the reorganization of the ego goes together with the extrajection of former images [of the mother]. In their place new objects begin to loom on the horizon and they are met by a new ego."

This entirely Freudian formulation of what the pictures mean is admissible as a possible interpretation of the patient's personal conflicts. This interpretation is reinforced by the woman's comments, after the completion of her analysis, about the meaning of her symbolic paintings; but it must not be forgotten that she is not then making an entirely spontaneous interpretation, for the viewpoint of the analyst has, as his own comments show, imposed certain Freudian meanings upon these symbolic projections.

Certainly much expression of the personal life is evident in the trend of this patient's symbols; one sees it in her paintings dealing with the cycle of birth and rebirth — childhood memories overcoming the domination of the mother, working through her transference relation, and establishing a new love relationship. But a careful examination of her symbolic art suggests that, as in the case of schizophrenic art, these designs may also contain archaic symbols which might be related to universal as well as to personal levels of the unconscious.

The images chosen for some of her pictures include, besides the personal figures of herself at different stages of her emotional development, certain generic

or universal shapes — the huge spiraled form of a giant snail opposed to a bending tree in an empty landscape; a series of circles floating in space and surrounded by clouds (this design she called "The Churning," explaining that "the shape of the clouds indicates that there is a churning, some thing real is coming out..."); another picture shows a monster form which the patient explains is about to swallow an ameba which is herself (this picture she interpreted as dealing with the problem of rebirth on the level of her personal life and relationships). Toward the close of her treatment she also created a huge vague form which she entitled "The Hermaphrodite."

Do not such subjects offer indications that beyond the scope of this patient's more private (sexual) symbolism are implicit themes which derive their significance from those levels of the unconscious that are not personal but suprapersonal?

When Bychowski states that he considers "the symbols used [by his patient] may be considered as a sort of private alphabet invented by the artist for purposes of expression and communication with the analyst," is he not expressing what Baynes also meant when he had described the art projections of each of his borderline schizophrenics as "creating his own myth." Both psychiatrists show awareness of the uniquely personal element in the creative expression of their patients, but Baynes is also ready to include a level of universal as well as personal meaning in such archaic symbols.

In returning to the art of Bychowski's patient, one might ask whether her so-called "private alphabet" is really so private or whether it does not contain age-old primordial symbols that speak of universal as well as of private meanings.

For the selection of such images as "The Vacuum," "The Hermaphrodite," "The Churning," and "The Monster" relate to universal concepts which penetrate levels of spiritual resolution as well as bodily (sexual) conflicts. That such primordial symbols maintain their universal validity beyond the formulations of analytic interpretations, is implied in the spontaneous appearance of such universal symbols in the art of this Freudian patient.

A single painting by Bychowski's psychoneurotic will serve as an example to illustrate how both patient and therapist employed this symbolic material. The picture was based on a representation of a dream and it is explained by the woman in these words:

"I dreamt that there was a beautiful moon night and there were lilies in the sea. I wanted to get them but mother forbade it. My brother said he would catch them for me. He went and swam toward them. I was watching from a balcony."

Bychowski then comments that "the fantastic almost weird character of this picture is a clear expression of the utterly unrealistic nature of its latent contents."

In the reproduction of this painting "The Moon Night," a great moon casts its shimmering radiance over a sea upon whose surface rest the lilies; a single figure, the patient, on the left, is set high above the sea as she reaches downwards

toward the floating flowers. But neither the brother- nor the mother-image are represented in the design.

In reviewing this picture at the end of her analysis, the patient made these additional comments on its significance to her:

"I could not be happy or successful. All I wanted was so unreal. Lilies don't grow on the sea. I never had a brother. I would never have dared to oppose my mother if she said 'No, you can't have those lilies.' This was the first time I contrived with someone to get something despite my mother."

Then follows Bychowski's interpretation of the psychoanalytic situation presented by this dream painting. He says:

"Here the incompatibility between the love for a man and the maternal fixation is felt as the chief basis for the unreality of her love relationship. She has transformed Lawrence [her husband] into a brother so that he might be a substitute for the father. This however, was again an unrealistic attitude. She wanted him then to get the lilies and limited herself to watching and waiting for him — a good representative of the inadequacy of her sexual behavior. The guilt resulting from the oedipal attitude was carried over to the marital relationship and was naturally a serious stumbling block. The dream and the phantastic picture seem to say; 'You can't have both or rather everything, parents and a real love relationship, lilies of love out of the maternal ocean got by the paternal-fraternal lover.' In relation to the psychoanalytical process the situation is also clear. In retrospect Cornelia made the following remark about this picture. She said: 'Since I was still young in analysis and therefore, not strong enough, I could not overcome so many things. It seemed so hard to have to do all by myself.' In other words at that stage it still seemed to Cornelia that the bulk of the work had to be done by the analyst, it was he who in the transference situation was supposed to bring love and happiness out of the dark, despite prohibitions raised by the mother, that is the guilt arising from the pressure of the maternal image. Since this was so utterly impossible, both the dream and the picture acquired the characteristics of pure phantasy. This was the prerequisite for expressing the longing for love."

Bychowski(35,p.41-42) adds:

"The all pervading tenderness, the 'velvety' character of the picture could be achieved only in complete denial of reality. Altogether this might be a good material for psychosis; in reality Cornelia was often deeply disturbed at that period of treatment and for hours would remain submerged in a silent melancholy reverie."

Do the symbols of this painting embody, of necessity, the guilt feelings of the patient in relation to her oedipal conflict? Or is the reference to a nonexistent brother certain to represent a condensation of a father-husband image? Is the

search for lilies on the sea only to be interpreted as a dangerous expression of escape from reality? And is the mysterious atmosphere of this picture inevitably suggestive of psychotic regression?

Cornelia's picture is reminiscent of another mysterious sea-scene — the painting (which has already been described) done by one of Baynes's borderline schizophrenics. Whereas this psychoneurotic woman painted lilies on the sea, the schizophrenic projected a candle burning within the sea. Both designs express a similar paradox; in both there is a juxtaposition of concrete images in an illogical setting; while the mood of both of these pictures is charged with an imaginative unreality, the objects in both scenes are painted realistically.

Baynes, it may be recalled, in his Jungian analysis interpreted the burning candle within the sea as a "unifying symbol" which expressed the individual's acceptance of the irrational as well as the rational aspect of his psyche. Bychowski, on the other hand, interpreted the paradox of lilies in the sea as related to his patient's oedipal conflict. So here are two utterly different interpretations of similar fantastic material produced by patients receiving different types of psychotherapeutic treatment. In each case the symbolic interpretation was made not by the patient but by the therapist. These sea-image pictures have been given antithetical interpretations by a Freudian and a Jungian analyst.

At the conclusion of his study, Bychowski asks: "What is the role of artistic production during the psychoanalytic treatment?" Here is his answer: (35, p. 52)

"It seems clear that whenever the patient either spontaneously or encouraged supplements psychoanalysis with his paintings or writings, they should be treated like any other material. . . .

"In our case the paintings certainly helped the analytical process both from the point of view of the patient and of the analyst. They served the patient as another important way of katharsis and expression. They helped her to express her problems and her advancement, to have them crystallized in a form which made it easy for her to review whatever has been achieved in the course of the analytical process. . . .

"The help derived by the analyst from this additional material offered him by the patient was also clear. He could see represented different stages of libidinal and ego development in terms of the analytical process. The role of the transference, its originary confusion with and subsequent separation from love could be seen with unprecedented clarity. Such complicated processes like intrajection and extrajection could be made visible as there also was the release of such an old stage as the anal phase and its sublimation. The importance and the dynamics of the working through were manifest in the constant reverting to former problems and solutions. The unveiling of maternal and intranatal regression covered as it was by all kinds of pseudo-relationships and pseudo-aggression was particularly impressive. . . .

"With all those positive moments the truth remains that so far there

seems to be *nothing entirely new we can learn through the introduction of the pictorial element. It is certainly not an essential factor of psychoanalysis not only because the gift and the urge for figurative expression is not a general one, but also because in most patients verbalization still remains the main therapeutic agent.* (The italics are the writer's.)

Bychowski's conclusions concerning the value of his patient's art productions which accompanied her Freudian analysis, have implications which involve the function of such spontaneous art in non-Freudian as well as Freudian psychotherapeutic procedure. When Bychowski declares that "there seems to be nothing entirely new that we can learn through the introduction of the pictorial element" and adds that "it is certainly not an essential factor of psychoanalysis," he seems to be offering a judgment which contradicts some of his patient's interpretations of her material. For when Bychowski's patient turned to the creation of spontaneous art, she gave some of her own explanations of the meaning of these symbolic patterns; her interpretations of such unconscious projections were often in terms of those universal or collective symbols which are foreign to the accepted Freudian method of symbol analysis.

Bychowski makes clear in his final estimate of this patient's spontaneous art that he believes "the gift and urge for creative expression is not a general one" and that "in most patients verbalization still remains the main therapeutic agent." In his two comments about the relative validity of creative art and verbalization as human responses, Bychowski's judgments parallel similar assumptions found in Western culture; for our culture (apart from its reluctant approval of the exceptionally gifted) ignores the capacity of man to become original in creation; it also emphasizes verbalization as the accepted mode of communication between man and man.

But are such generalizations valid or are these conclusions based upon current intellectual attitudes and not on the original nature of man? To the unprejudiced observer, consideration of the traditional methods of Western learning point to an exaggerated use of the written and spoken word as the exclusive tool of communication. Why, therefore, should psychoanalysts, whose technic is based on the psychodynamics of the unconscious, continue to over-emphasize the importance of the verbal level of expression and minimize the significance of spontaneous art as a supportive technic?

Summary

Modifications in the approach of psychiatry to the art productions of mental patients have now been placed in some perspective; the first descriptive studies by Simon and Lombroso which began the psychological exploration of the spontaneous art of the insane, have been examined; the planned drawing tests as developed by Mohr, which initiated the investigation of pictured responses as aids in the diagnosis of the psychoses were reviewed. Prinzhorn's contribution was noted

as introducing the esthetic approach to the study of the art of psychotics; it was shown that he was also known as the popularizer of Simon's and Lombroso's observations concerning the similarity between the art of psychotics and the art of children and primitive man.

The growth of the psychoanalytic movement led to an intensification of interest in the art of psychotics and neurotics as corroborative evidence of its own discoveries concerning the mechanisms of the unconscious in the dream and fantasy material of patients. The studies by Schilder, Pfister, and Morgenthaler were discussed as representative of this development.

The growing divergence between the Freudian and Jungian approach to symbolic material has significance (in this survey) insofar as it has affected the differing interpretations in relation to the art of psychotics and neurotics. Analysts of both schools were well aware of the need of explaining how the ancient symbols imbedded in myths and legends emerged again in the art projections of modern man.

Freud's changing formulation of his interpretation of such material as the "archaic heritage" has been compared with Jung's development of the same data in terms of the "collective unconscious." Distinctions in the approach of Freud and Jung to such contents of the unconscious were examined and the conclusion reached that the basis of Freud's hypothetical formulation concerning the archaic heritage differed less than it seemed from Jung's hypothetical formulation of the collective unconscious.

The variations in the type of symbolic material produced by a patient during a Freudian or Jungian analysis led Ehrenwald to suggest that this may be accounted for by 'telepathic leakage' between the analyst and his patient.

Symbolism as developed and interpreted by Freud and by Jung was then compared; these analytic concepts were measured against other approaches to ancient and modern symbolism.

In order to show the difference between the therapeutic methods of Freud and Jung as applied to the interpretation of symbolic material, specific studies of the art projections of psychotic and neurotic patients were examined. The cases of two borderline male schizophrenics who were treated successfully by Baynes according to the Jungian approach were first considered; then a case of a female psychoneurotic who was treated successfully by Bychowski in a Freudian analysis was reviewed. Each of these three patients created a series of art productions during his treatment. While partial explanations of their symbolic art were offered by the patients as expression of their inner conflicts, the major interpretations were given to this material by the analysts. In these cases, it was shown that similar images were produced by a Freudian patient and a Jungian patient, and that these symbols were interpreted in entirely different ways by their therapists.

Such conflicting interpretations point to the need of giving further attention to encouraging patients to make more interpretations of their own symbolic

material. For it is on the basis of each patient's response to his own symbolic creations that the importance of using spontaneous art projections as a primary mode of therapy can be established.

FOREWORD to the Clinical Studies of the Spontaneous Art Productions of Two Adolescent Schizophrenic Girls

These two clinical studies of the spontaneous art productions of adolescent schizophrenic girls have been selected from a number of cases followed at the New York State Psychiatric Institute, during a three year research project which was concerned with the use of art therapy in relation to early schizophrenia. This investigation* and the previous research in relation to the spontaneous art of behavior problem children† were both made possible by the active interest and sympathetic support of Dr. Nolan D. C. Lewis.

These studies in the use of art therapy, undertaken with severely disturbed patients, have proved of considerable interest to artists and others concerned with the arts as well as to those actively connected with the field of psychotherapy. Recent trends in modern art have combined with dynamic psychiatry to make the general public increasingly aware of the factor of the unconscious in human life.

Freud, himself, led us to a recognition of the compelling quality of the image-making power of dream life for all men whether primitive or modern. Does not art therapy therefore, in emphasizing the projection of the patient's inner experience into outward image, only follow the universal process of communication validated by the unconscious projections of man throughout his existence; for always, in all aspects of ritual, dream, and artistic expression man continues to speak in nonverbal symbols that are more universal than communication in words.

*None of this material has been previously published, but an exhibition of the paintings of this first eighteen year old schizophrenic patient was shown at the Annual Meeting of the American Psychiatric Association, Chicago, May 1946; a paper on the second twenty-five year old schizophrenic was read at the Annual Meeting of the American Psychiatric Association, New York, May 1947.

†"Studies of the 'Free' Art Expression of Behavior Problem Children and Adolescents as a Means of Diagnosis and Therapy," Nervous and Mental Disease Monographs, New York, 1947.

When inner experiences of a patient are projected into plastic form, art often becomes a more immediate mode of expression than words. Thus the use of spontaneous art as a chief means of therapy has tended to increase rather than retard verbalization. This happens whenever the patient, eager to make the meaning of his symbolic designs more understandable to the therapist, elaborates their significance in words. In the early sessions a patient seems unaware that his creations mirror the pattern of his inner conflicts; as verbal release follows plastic expression, the patient soon finds himself speaking about his own problems as expressed in the symbols of his art. Some patients do not immediately recognize the significance of their spontaneous art; but as therapy proceeds they usually arrive at awareness of its symbolic meaning. This is the reason that it is unnecessary for the therapist to interpret directly to the patient what his spontaneous creations mean. The cases which follow illustrate how this develops in the therapeutic situation.

Many questions are asked as to how the use of spontaneous art as the primary means of therapy influences the relation between patient and therapist. Sometimes such queries are phrased in terms of the "transference" or the "interpersonal relation." That the use of art therapy leads to a modified use of the transference relation will be brought out clearly in the following studies. It only seems necessary to explain in advance that the introduction of spontaneous art is a significant factor in releasing the patient from his emotional dependence on the therapist.

In the course of art therapy the patient tends gradually to transfer his emotional conflicts and their resolution away from his own person and onto the things he creates. The relation of the patient to his spontaneous art projections is therefore in certain respects similar to that of the artist to his work. This is well described by Kris who writes:

"... The relationship of the artist to his work is complex and subject to many variations. In the typical case the work becomes part of and even is more important than self. In psychoanalytic terms we speak of a shift of narcissistic cathexis from the person of the artist to his work."^{*}

The patient's increasing ability to express himself in his art becomes for him an objective measure of his expanding ego strength. His new confidence is fortified as he continues to discover that his spontaneous projections lead him directly to the source of his conflicts. Growing integration through creative expression can be employed as a means of aiding the patient to free himself from too great dependence on the therapist.

It is generally acknowledged that there are certain diagnostically recognizable elements to be found in the art of schizophrenics such as fragmentation, splits in design, rigid stereotypy, and the intermingling of writing with drawing.

^{*}Kris, *Essent: Approaches to Art*, "Psychoanalysis Today," New York, International Universities Press, 1944.

In the art productions of the two schizophrenic cases which follow, there is ample evidence that both of these patients, who began their spontaneous creations with fragmented or divided forms, eventually succeeded in producing, as their condition improved, satisfying nonschizophrenic types of art.

Contact with the spontaneous art of neurotics and psychotics causes varied response in those who belong to the art world. Some contemporary artists are deeply impressed and enthusiastic about what they see, finding delight and stimulus in the originality and vitality of such unconventional expression.

Questions are sometimes asked by certain artists, teachers of art or occupational therapists, as to how such dramatic improvement could occur in the expressions of mental patients when they have received no formal art training. Sometimes it is difficult to convince such people that an outpouring of unconscious material during the process of therapy can become the basis of artistic as well as personal integration.

The young child and the primitive wait for no rules of art before expressing themselves in forms so vivid that we all respond. A sense of rhythm, a feeling for color, and an image-making capacity belong to the human race and were never imposed from without. As man draws upon the limitless resources of the unconscious he evokes again ancient images which preceded words as a direct form of communication. Ability to create is inherent in humanity and may at any moment win further release in such fulfillment and integration.

I. The Psychodynamics of the Art Expression of an Eighteen Year Old Schizophrenic Girl

INTRODUCTORY STATEMENT

This study will consider a series of drawings and paintings made by Harriet, an eighteen year old girl of Jewish parentage. Her condition was diagnosed at the New York State Psychiatric Institute and Hospital as schizophrenia, probably catatonic type.

The art sessions were begun one month after the patient's admission to the hospital, and they continued for the remaining six and a half months of her hospitalization. From the first day of this period of her creative expression, the girl was able and willing to give the worker some description of the meaning of her highly symbolic and fragmented designs. She had, however, during the previous month, when she made similar pictures, refused to give any explanation of their meaning to the psychiatrist.

The psychodynamics of the art expression of this schizophrenic girl divides into a number of distinct phases. The first period deals with the girl's conflict with her foster mother; the next phase gives symbolic representation to her as yet unvocalized conflicts, fears, and wishes; the third group of pictures deals directly with the experience of dissociation; the fourth group, with a series of designs concerning her recovery and her growing awareness of transference; the fifth group, with pictures of childhood memories and adolescent life experiences. In the sixth phase, recollections concerning her experiences with two men are recalled; she is then able to project her longing for her real mother into words and pictures and make articulate her sense of reintegration and rebirth in a poem.

In this final phase of self-expression, Harriet's drawing and painting become less important than her poetry and prose as a means of releasing long repressed material; in her poems she deals with her changing moods and feelings; in her prose she writes out her recollections — first, of an early experience of dissociation at the beginning of her illness, and then of two traumatic experiences with men.

Thirty-five of the most significant of Harriet's designs, created during six and a half months of hospitalization, group themselves naturally into these six phases of art expression; emphasis will be placed on the patient's subjective interpretation of their meaning.

In conclusion, after the relation of the girl's symbolic expression has been correlated with the clinical history, the recovery of childhood memories, and the more recent traumatic experiences with men, the psychodynamics of her art production will be reviewed in relation to traumatic experiences uncovered during the art sessions.

CLINICAL SUMMARY

The problem is that of an eighteen year old Jewish girl, Harriet, who had numerous somatic complaints, told fantastic stories, and on several occasions wandered away from home, but of these excursions she had no exact recollection.

Family History

There was little information available as to the grandparents; there were no serious physical and no known mental disorders among them. The patient's father seems to have been immature and self-centered; he was described as hard and brutal; and he was said to be very excitable and endowed with a fiery temper. He became infatuated with his wife when she was very young and beautiful. His parents then brought her to this country, where the marriage was consummated. The patient's mother, who was described as a meek person, superior to her husband in intelligence, seems to have endured abuse and neglect from her husband after each pregnancy. Before the birth of the patient, the mother was deserted by her husband and had a nervous breakdown during this final pregnancy. After the patient's delivery, the mother was hospitalized for a psychotic condition (probably schizophrenia) and she has remained for the past eighteen years in the same institution.

There were four siblings — two brothers and two sisters — all of whom, the foster mother reported, showed signs of instability. The patient was the youngest child. The oldest brother has had but slight contact with the three adopted children. The patient felt close to the brother, five years her senior. The sister who was two years older, was described by the patient as "bossing" her when she was small. According to the foster mother, this sister may have become a prostitute; she was described as lax in her sexual behavior before leaving home.

Personal History

The patient was placed in a home for Hebrew infants shortly after her birth, where she remained for three years. She was then sent to live in her present foster home, where she was later followed by her older sister and one brother.

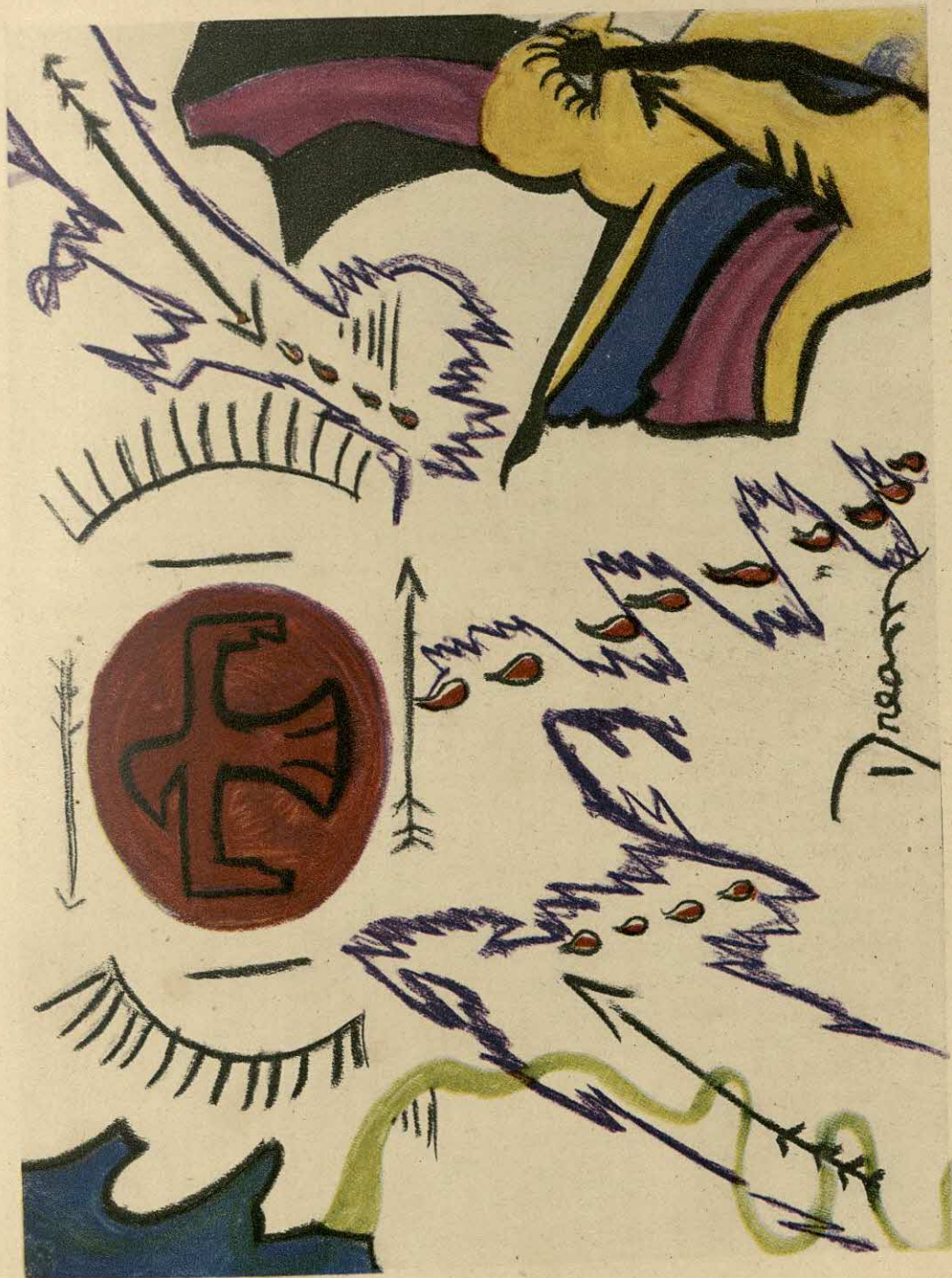


Plate II. Dream: A Bird Radiating Light and a Black Eye
Dripping Black Slime

The girl has lived with these foster parents ever since she was three. The foster family consisted of husband (Jewish) and wife (Catholic) and the wife's mother. The patient's childhood was apparently uneventful. The foster mother was always the dominant and important parent. The girl when eleven years old was about three terms below the average grade for her age. When the patient's menarche occurred at thirteen, she began to complain of numerous aches and pains.

The family lived in a small town, where the patient did not have many friends. The foster mother attributed this to the fact that the community knew that Harriet was a foster child and that her mother was a mental case. The foster mother claimed to have tried, unsuccessfully, to get the other children to play with her. That the girl sometimes told untruths was observed by the family, but apparently elicited no concern. At the age of sixteen, Harriet had not completed grammar school, but her foster parents persuaded the school authorities to allow her, nevertheless, to graduate. She then attended high school for a few weeks.

In discussing her own difficulties of adjustment, the patient said that she had always been shy and selfconscious and preferred to be alone. She stated that she led a rich fantasy life. She said, at the initial interview, "I am a coward. I feel insecure and can't face things." She admitted that she wanted to escape from responsibilities and had all kinds of illness to get out of situations. When talking to people, she told, compulsively, all sorts of fantastic stories which she knew were fabrications.

Here is her own description of how her compulsive need to leave home comes upon her: "I go into these states of confusion. I'll be doing something and I get an urge I can't control, to run away. I'll stop attending classes. As soon as I've run away, I become dazed. I'm easily led and I have no control over my thoughts. What I say isn't intelligible. That's my problem. I don't know what it is I want to escape from. These confused states last for hours and days. Once I'm back to normal thinking I become depressed. This has gone on for many years, ever since I was a little girl. When I was ten or eleven years old, I realized that I wasn't normal. At times during these experiences my imagination runs away with me and I'll begin to say I did things I never did, but as soon as I'm all right, I retract these things. Sometimes I haven't been aware of what I've said. The thing I can't understand is that I know I have these great faults and that they are going to ruin my future — yet I have no way of stopping it."

For the past three years she had been suffering from periods of depression of frequent occurrence but short duration. At such times this compulsive need to leave home occurred.

The patient explained that she had had difficulties in her foster home since her early childhood. There would be disagreements between the mother and grandmother as to whether she should or should not do something. To have peace, the girl said that she would have to lie or make excuses.

The patient had had no previous attacks of mental disorder. She denied either hallucinations or delusions.

Onset and Symptoms of Present Psychiatric Disorder

About nine months before admission she began to complain of pains in her right side.

When she left school she worked in a department store as a clerk and later as a nurse's aide in a hospital. She is reported as telling exaggerated and fantastic stories as to her job and her social life. While acting as a nurse's aide she got herself hospitalized for three days, but no physical symptoms were found to account for her complaint. An elaborate story, centering on her being married, was produced after she had left another clerking job for a day. In the month before she was hospitalized, the patient remained away from home and work. She finally contacted her family from a city hospital, where she had been brought, after she had "collapsed" with a pain in her right side. A few weeks later, prior to her present hospitalization, she disappeared again for two days. She was found, so the foster mother reported, with a serviceman whom she had picked up. She was then taken to a psychiatrist who advised her admission to the Psychiatric Institute.

Physical Examination Including Laboratory Findings

Physical examination showed her to be essentially normal. Her electroencephalogram, basal metabolism, flat plate of the abdomen, urine analysis and blood studies, x-ray of the chest, and electrocardiogram were all normal.

Mental Examination on Admission

The psychiatrist reported that on admission the patient was poised, calm, and normally spontaneous. Her verbal productivity was normal. Her emotional response was difficult to describe—it bordered on lack of affect, yet seemed superficially self-satisfied. No definite mental trends were elicited. She seemed mildly self-accusatory. She appeared well oriented, but the test of mental grasp and capacity was quite "spotty," of a nature consistent with a schizophrenic process. A psychometric test, made soon after admission to the hospital, showed the patient's I.Q. to be 97. Her native intelligence appears to be within high average limits, though she was functioning below her capacity at average level (in the third month of hospitalization). The Rorschach examination indicated that this was a case of early schizophrenia.

Progress and Treatment During First Three Months of Hospital Stay

After a week in the hospital, the patient began to develop a series of fantastic stories. These fabrications were usually precipitated by something that was either overheard or witnessed earlier in the day.

Little personality change was noted during two sodium amytal interviews; but the patient then expressed herself with more intense emotion concerning her conflicts with her foster mother.

While under treatment with the psychiatrist (who was a woman), the patient blocked considerably during interviews and complained that she could not speak freely to the physician. This difficulty she attributed to the resemblance of the doctor to her foster mother.

According to the psychiatrist, the patient's treatment during the first three months of hospitalization consisted of routine hospital care and attempts at psychotherapy that were mainly unsuccessful.

The patient during that time had received forty units of regular insulin daily, given intramuscularly. As doses of ambulatory insulin had not in the first three months of treatment given any apparent reaction, electroconvulsive therapy had been planned. This treatment was postponed in order to permit the patient to work in the art sessions.

The art work was begun one month after the patient's hospitalization and continued for six and a half months.

Role of Heredity and Family Influence

There seems little doubt that both hereditary and family influences played a part in precipitating the illness of this patient. The mother had been hospitalized since the child's birth for a psychotic condition, probably schizophrenia. The strained relations between the parents, intensified by successive desertions by a sadistic and narcissistic father, must have been a decisive factor in the breakdown of the mother.

The patient, who was separated at birth from her mother, and never saw her father, lived for the first three years of her life in an orphanage, without significant attachment to any adult. Such an early environment was undoubtedly the source of an overwhelming traumatic experience. When the patient was three, she was sent to live in the foster home, where she has remained for the past fifteen years.

Harriet's foster mother was a tense, rigid, anxious, and overprotective person. Her reasons for taking the three children into her home were not known, but it was apparent that she had no genuine desire for them. It is possible, that being without children of her own, she wished to appear in the role of a mother in the small community where she lives. The foster mother's conflicts with her own mother upon whom she was extremely dependent, caused strain and difficulty in the upbringing of the child. The mother and grandmother would argue endlessly in the presence of the girl as to whether or not she should be allowed to do something. This made it almost impossible for the patient to develop any clearly defined standards of conduct.

Other probable precipitating factors in the patient's illness were to be found in the recent growth of her sexual maturity and the increasing strain in the home situation, probably caused by the mother's moral strictures plus the sexual laxness of the older sister. The foster mother's own anxiety and probable sense of guilt in relation to the older girl's sexual promiscuity seem to have led her to suspect and accuse the patient of similar misconduct. Whether the patient had actually

had sex experience had not been satisfactorily determined during the first months of hospitalization. Harriet denied all the mother's accusations. There was no proof from the mother or any other source that the girl had had such sexual experience. Up to the writing of this clinical summary (in the third month of hospitalization), the patient denied it.

Evidence of Additional Traumatic Experiences

In the clinical summary the foster mother is quoted as emphasizing that the small community in which the family lived was aware that Harriet was a foster child and that her own mother was in a mental institution. Such information was probably disseminated by the foster parents at the time when the patient had been brought to live in their home. It is therefore probable that Harriet came to realize very early that the people who lived in her neighborhood knew the story of her parentage and that, feeling guilty and ashamed, she tended to withdraw increasingly from contact with the other children.

The foster mother played the dominant and decisive role in the girl's life, and Harriet seems to have sought for more warmth and affection than she received. When first hospitalized, the girl spoke of feeling hurt when the foster mother told her to be sure to take all of her clothes with her to the hospital, as she might not be home for a long time.

The patient had been in the hospital one month before hourly art sessions were undertaken twice a week. On the first day she wanted to know whether she could make anything she pleased and expressed great satisfaction at being assured that she might create whatever she wished. After the girl had silently completed her first symbolic picture, she was asked what it meant. She was immediately able and willing to explain her first design as an expression of a poem that she quoted. Although this drawing resembled some of her previous patterns of fragmented features, she had never explained them to the psychiatrist. The girl continued throughout the art sessions to give the worker increasingly complete subjective interpretations of her highly symbolic drawings and paintings.

While the making of pictures was the initial reason given for the art sessions with the patient, the uncovering of the meaning of her symbolic representations soon made the girl eager to spend entire sessions on the discussion of her problems, instead of creating designs. As this change in emphasis occurred, Harriet often chose to make her pictures either on the ward or at home over week ends, and then she made use of the art sessions either to discuss the meaning of her pictures, or to talk more directly about her own problems.

On this first day, Harriet's sense of satisfactory rapport with the worker was expressed quite spontaneously and continued throughout the six and a half months of art work. Aspects of the development of the girl's positive transference will become evident as her comments during the art periods are reported.

Records of the patient's behavior and responses were kept throughout the art sessions. Harriet's remarks in relation to her personal problems and her art work are, on many occasions, quoted directly. But it is possible that an impression

of exaggerated fluency and a too swift growth of insight in the girl may sometimes be inferred by the telescoping of certain episodes. In many places, for example, several conversations dealing with a single theme have been condensed into one paragraph and little space has been allowed for describing the frequent periods of silence or hesitation that occurred before the girl was able to release any of her fears or traumatic experiences; nor has there been any special comment on the role of the worker in encouraging the articulateness of the patient. All these factors are by implication included in the general description of the growth and integration of this schizophrenic girl through the use of spontaneous art expression.

As changing phases of Harriet's work are described, modifications in the girl's approach to her use of art will become evident. From her first compulsive need to release her fantasies in repetitive and dissociated forms, she shifted to an ability to organize a unified composition, which she was soon able to explain in terms of her long repressed anxiety. As the art sessions advanced, it was possible, *by making use of the girl's own interpretation of her symbols*, to lead her to a recognition of the therapeutic value of projecting her inner conflicts into pictorial form. As Harriet gained insight into the difficulties of her life, she became increasingly interested in using her art as a means of understanding her unconscious conflicts. The recall of an early childhood memory made it possible to bring the girl to a realization that her present tendency to block in speech was related to her painful experience at three years of age.

THE APPROACH TO FREE ART EXPRESSION

What is termed by the writer "free" art expression in this and other clinical studies(1*) of mental patients, refers to a condition of spontaneous creativity. Such free expression is rarely found in the first efforts of these patients, but must be gradually developed in the course of the art sessions. A brief explanation as to methods of procedure in this study as a means of diagnosis and therapy may be useful.

The art sessions emphasize the release and development of spontaneity for a diagnostic as well as therapeutic use. Free expression, when achieved, leads to the channeling of repressed conflicts of the patient into significant visual projections. A patient is encouraged to make whatever he wishes in the initial sessions. If he feels inhibited and self-conscious, an attempt is made to explore his interests and to suggest some simple methods of projecting his own conceptions onto paper. Whatever he may create in the earliest periods is accepted with sympathy and without criticism. These preliminary efforts, whether original or imitative in design, always reveal significant elements of the patient's unconscious conflicts.

What type of self-expression, whether symbolic or realistic, is preferred by

*Italic numbers in parentheses in the studies of the two patients refer to the bibliography on page 220.

each patient, will depend on a variety of personality factors as well as on the nature of the mental illness. The type of dissociation found in schizophrenia will, it is recognized, tend to influence the use of archaic symbols and fragmented forms. Such symbols may be used both subjectively and objectively as an expression of personal conflict. But on many occasions these expressions seem to be related to deeper and more universal aspects of the unconscious which the patient is unable to interpret.

The conscious attitude of neurotic and psychotic patients toward art has certain elements in common with that of normal individuals. They, too, have often been conditioned by the concept of academic teaching which makes use of models to be copied or traced. Such patients therefore need to be given aid in developing a subjective release through the use of their creative imagination.

This does not imply an "escape from reality" through the acceptance of fantasy; but rather an attempt to coordinate the inner being with outer experience. A patient is therefore encouraged to express without too much intellectualization whatever he happens to feel, imagine, or recall. Both inner and outer experience are treated as aspects of a total reality which each individual has the inherent power to transmute into satisfying forms by developing the use of his creative imagination.

The frequency and timing of art periods may vary according to the individual response of each patient. But hourly sessions, twice a week, have been found most useful under hospital conditions. The programming of daily sessions would, however, be of still greater advantage.

Written records are kept of whatever occurs in each session; the shifting attitudes and the changing responses and direct comments of each patient in relation to his art and his problems are noted. While these reports are usually made after each session, it is on occasion possible, with the patient's cooperation, to take down in his presence what he has to say.

When the patient is still hospitalized, records are later correlated with the clinical history, the progress notes of the psychiatrist, and the nurse's records. If the patient attends classes in academic subjects, professional training, or occupational therapy, his behavior in such group activities is noted and compared with his responses in the individual art sessions.

A variety of simple art materials, such as crayons, paints, plasticine, and clay, are available in the studio. The patient is free to make his own selection of the medium he prefers to employ, whenever he shows himself ready and able to do so. Should a patient seem unable to sustain his efforts for more than brief periods, he may be advised to postpone experiments with oils or water colors until his facility in controlling the simpler media improves. Technique is only introduced as it is needed to help the patient say what he wishes in pictorial or plastic form.

Many mental patients are often unwilling or unable to verbalize their problems. But with success in projecting images of their inner or outer experience, they tend to become increasingly articulate. At first they may speak only in terms of designs produced; but they soon begin to connect what their art reveals with other aspects of their unconscious conflicts.

The development of spontaneous art may thus become a swift and direct method of releasing the symbolic images of the unconscious. The encouragement given to the patient by the worker acts as a supportive means of releasing his latent powers into free art forms. But unless the worker understands the psychodynamics of such personality expression, its correlation with other aspects of the treatment will be inadequate.

The projection of spontaneous art is but one aspect of the activity in these sessions. Entire periods may also, on occasion, be spent in the discussion of the patient's problems, without any reference to the art work, as a means of understanding her unconscious conflicts. The recall of an early childhood memory made it possible to bring Harriet to a realization that her present tendency to block in speech was related to her painful experience at three years of age.

Harriet's moods during the first weeks of art work were variable and often showed considerable depression. Diminution in creativity could generally be traced to some disturbing event at home or on the ward; such occurrences tended to further disrupt her unstable attention. On more than one occasion the girl would speak of her inability "to do more than one thing at a time." She was also aware that her mental difficulties were not of recent origin and stated that she had trouble with her thinking as far back as her ninth or tenth year.

Twenty minutes was the limit of the patient's attention span in the earlier art sessions; later, an hour or more caused no fatigue or loss of interest in her creative expression. At first she would draw slowly and uncertainly, pleading fatigue as an excuse for stopping before she had completed her picture. Her continuously evasive behavior was discussed with the girl, and she was told that unless she ceased transferring her familiar escape mechanism to her art work she would have to discontinue the sessions. Admitting the truth of this analysis, the girl then returned to work and immediately completed her drawing. Since then she has, within the limits of her capacity, continued to give active and interested cooperation in creating pictures and in explaining their significance.

FIRST PHASE OF ART EXPRESSION: The Mother-Daughter Conflict

The art work of the first nine art sessions centered upon Harriet's expression of her conflict with the foster mother. She asked, in the introductory period, whether she could carry out her own ideas and was pleased to hear that originality of expression was encouraged. In the first two sessions she completed a design of fragmented features and broken heart in colored chalks (Figure 1). When asked what this disjunctive pattern meant, she recited some lines from a poem by Edna St. Vincent Millay:

"The lips that spoke
The ear that heard
The eye that saw
The sorrow that crushed a dream
And the heart that was broken because of it."

Under the guise of this poem it was evident that the girl had projected an image of her own unhappiness. "The sorrow that crushed a dream," and the broken heart were evidently her own. In two later designs, which also proved to be symbolic self-portraits, she used the same symbol of the broken heart. In the final one she was recreating the memory of her first hurt at the age of three (Figure 19).

In the one month of hospitalization prior to the art sessions, the patient had made a number of pictures of fragmented features, but had never given any interpretation of their meaning.

Harriet responded eagerly to the opportunity of having special art work. Her comments on the first day showed satisfaction at the individual attention which she received; and she noted with pleasure that no pressure was exerted to make her complete a design in a single session. As she worked, she said in a sudden impulsive manner, "I like you very much." Then, becoming self-conscious, she said, "Maybe I shouldn't have said that. I guess it sounds naive."

In the second session as she completed her first design, she asked for some practical help on technic. She wanted to know how to create the effect of a shadow around the red heart and how to make the ear in the upper left-hand corner of her design look more like an ear. Although she asked for this type of assistance, she showed herself incapable at this time of making use of the simplest technics that were offered. (It is worth noting that the so-called ear has the appearance and color of a womblike form.)

In the next three sessions, she brought with her some pictures as well as a poem that she was writing. These color sketches were rather vague, but they suggested lines along which her later work was to develop. One of these was an abstract color design which represented a conversation with someone about her problems; and the other was a memory of four faces in a mingled pattern. One of them was the foster mother, the others were girl friends and a teacher.

At the end of the fourth session, she admitted that she was feeling depressed and did not want to do much work. She then discussed how upset she was over her week-end visit at home. What she wanted most was to get away from home. Her family did not understand her, her mother tried to boss everybody, and her parents did not comprehend what interested her; other people thought her writing was quite good, but her parents were sure that she could not write. And they discouraged her in the same way about her art. What made it all worse was that they were not her real parents. Luckily, her brother understood her.

To the fifth art session Harriet brought a notebook from which she wished to read a poem. The forty-five lines of the girl's attempt to express in free verse the ideas, feelings, and memories that she was experiencing at this time, deserve consideration. However chaotic and confused the poem may be, it contains a genuine and profound expression of certain aspects of this schizophrenic girl's experience. She describes her states of inner vision and memory which open to her as she closes off, first the sight of the eyes, then the hearing of the ears, the words of the lips, and the active thoughts of the mind. She begins with these lines:



Fig. 1. Fragmented Features with a Broken Heart: Inspired by a Poem by Edna St. Vincent Millay.

"Stop and listen to the beat of your heart
Listen and its voice shall sing this song.

.

Close your eyes and see nothing
And you shall see a world beyond worlds
And you shall see a dream beyond all dreams
A life beyond all living things
Close out hearing from your ears
And you shall listen to music superb
The music of Ancient Greece and Modern Rome
The music of Life and Love and Hate and Fear
The music of cherished hopes and crushed dreams dear
Held in the case of your weak and flimsy brain.

.

Stop thinking and the memories of your life
Memories of each phase of your living shall come.

Then follows a description of what these memories bring concerning depression and pain, sorrow, love, and joy.

The passing in review of childhood toys
The memory of that first success and failure
The vision of your first romance and kiss
The time you wanted and could not have
The attitude that made you grown at last
The struggle to be alone.

.

The time you uttered a prayer and then —
Doubted that God was God.

Stop and watch with closed eyes
Stop and speak with closed lips
Stop and hear nothing
And you shall see the face of time.

.

The verses quoted are more precise than some of the patient's sprawling phrases which have been omitted. (See Appendix, I.)

Lines in this poem envisaged directions that Harriet's art was to follow during the succeeding months. Three other long sections were written during the following weeks. In them she writes of the search for the meaning of existence in the story of man and woman from the ancient past:

So bend low and hear the tale of man
From now unto the past when he first began
When he crawled and whimpered and had no tongue
And he could not stand and the word "run"

Meant danger or fate so even then
The fear of Death plagued the first men.

There is much questioning on the nature and meaning of death and the purpose of life.

We are living and we ask you
What do we work for? Why sow this grain?

While many of the lines in the final section are awkward and confused, the poem concludes on the note that:

All that was said on these pages before

.

Was useless, without value, because
The story of life and the key to death's door
Could not be told on paper.

.

And we will die and others shall think as we did
And come to this river —
For the thirst for truth
That you will not tell —

.

So I end this long story
Tired and confused.

What had seemed to be but vague allusions in this poem to memories of childhood and experiences of adolescence were later expanded and developed into a number of memorable drawings and paintings about the patient's conflicts and fears. The problem of death, which reappeared in several later poems and pictures, was dealt with for the first time in this poem. It was only in the final weeks of the art sessions that Harriet was finally able to speak of an acute traumatic experience with a man friend that was related to the fear of death which weighed heavily upon her. This will be discussed in the concluding section.

"Sadness": The First Expression of the Conflict With the Mother

This second picture, (Figure 2), was made in the sixth art session. Harriet said that it expressed how she had felt during a recent talk with her mother over cocktails. She called the design "Sadness," because it expressed her own emotions over the conflict with her mother. The eye and the tears in this design, she said, were her own. The tears were caused by what took place at the meeting. The cocktail glass represented the mother. The lips were the girl's as she spoke. The black music notes she interpreted as showing the discord that occurred in the talk with her mother. The finger in the left-hand corner of the design, she said, "represents the eye of the mind." Her concern with the uncertain condition of her mind reappears in many other pictures.

Before making this drawing, Harriet had told the worker about the experience which this picture was meant to symbolize. Over the week end at home, the girl had spent an afternoon with her mother and some of her mother's friends, and they drank cocktails together. She had enjoyed the meeting until she observed that her mother took a good many drinks and that this caused her face to grow exceedingly dull. "This upset me very much," explained Harriet. "I suppose I had always idealized my mother and not seen her as she really was until today. You know, for the first time now, I'm beginning to realize that what went wrong between Mom and me wasn't all my fault. I'm beginning to feel less guilty."

By the end of the first month of art work (the second month of her hospitalization), the patient had begun to realize, contrary to the foster mother's insistence, that she was not primarily to blame for the conflict between them. She therefore began to develop, as the modifications in her art work will show, a more independent stand during the futile arguments with the foster mother. On the following week end, when disagreements arose, she simply asked that her mother bring her back to the hospital earlier than usual. "My mother," explained Harriet, "always insists on arguing. If you keep quiet and don't say anything, she gets annoyed. And if you say anything, she argues and disagrees. I used to always think that it was my fault, but now I know it isn't."

This was the first day that Harriet asked the worker to use the art session "just to talk and not make pictures." When the girl had finished explaining her awareness of her mother's argumentative behavior, she sat quietly in her chair and smiled. "It's wonderful," she commented, "to feel so relaxed and at peace. I feel as though I would like to stay still and hold this state."

As soon as this new release had been achieved, Harriet was now able to project three important dreams into pictures; these were all concerned with the deeper levels of her conflict with the foster mother.

First Dream: Patient With the Mother at the Dali Cafe; the Horrible Gray Eye

Harriet had been deeply disturbed by several dreams; she reported that they had been so frightening that she was unable to sleep. She felt convinced that she was now getting worse instead of better. When questioned as to the content of these dreams she at first refused to speak about them, saying that they were so terrible "that I had never wanted to tell anyone."

The girl was urged to overcome her resistance and make an effort to describe the dreams. Harriet was reminded that this was not the first time that she had tried to evade dealing with what concerned her personal problems. She was then given some idea of how the projection of her inner conflicts into pictures might help her to release and understand the nature of her long-buried fears. She was, therefore, urged to make a special effort to describe whatever she had experienced in her last dream which had made it difficult for her to sleep. The girl was reminded that repressing emotional disturbances only added to her inner turmoil and would never increase her own self-understanding.

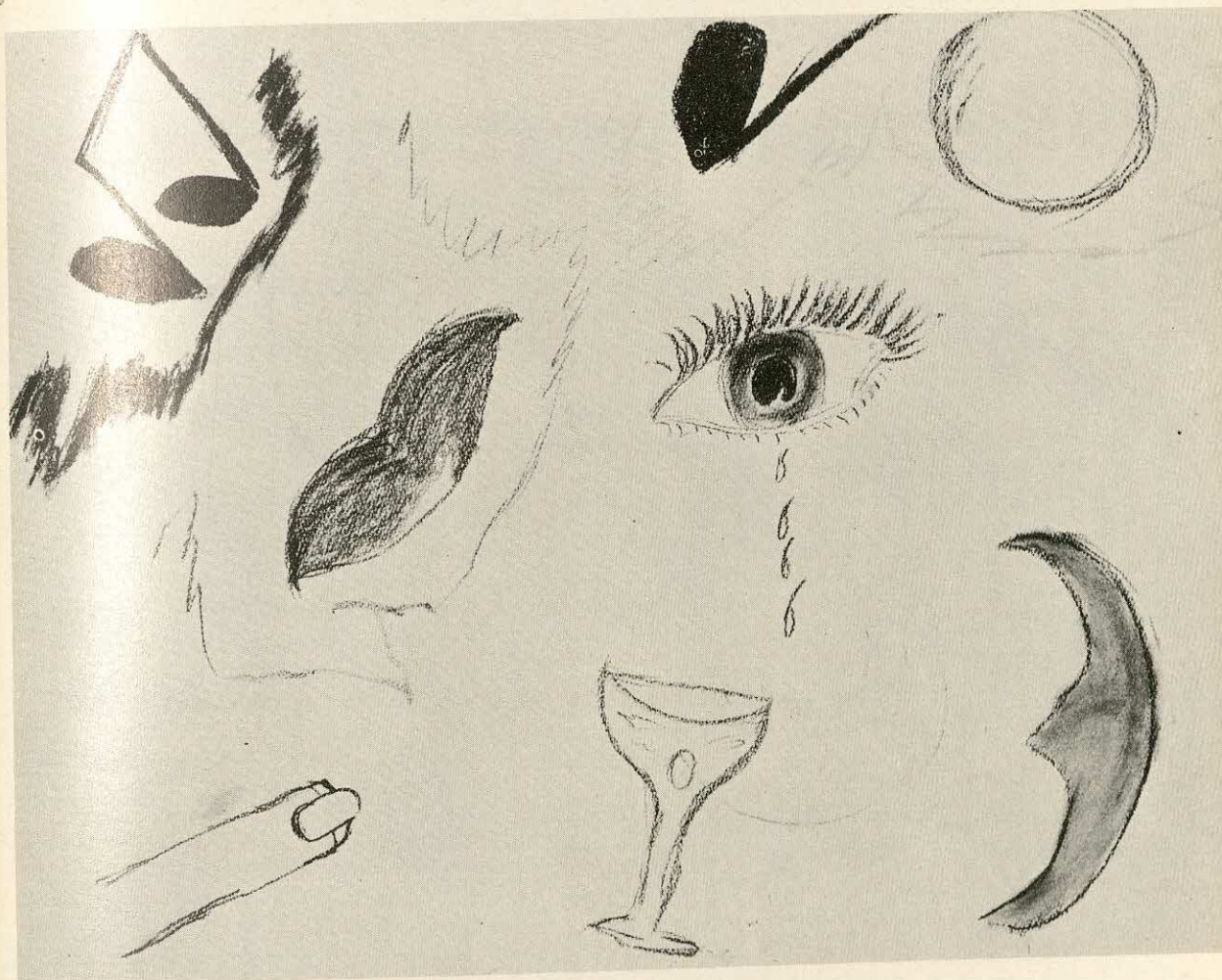


Fig. 2. "Sadness": The First Expression of the Conflict Between the Patient and her Mother.



Fig. 3. First Dream: Patient With the Mother at the Dali Cafe; The Horrible Gray Eye.

Harriet listened intently to what was said and responded by describing the dream of the previous night. Two of its elements had caused particular disturbance: the one concerned seeing within the head of the mother, and the other becoming aware of a "horrible gray eye" that hung loose from its socket.

This dream (Figure 3) began with mother and daughter leaving the tall brown building to the left of the picture and going to what Harriet called in the dream the "Dali Café." "I don't know," commented Harriet, "why this dream looked like a Dali painting. I don't specially admire him. But the café was in the shape of a bottle and so was the entrance door." The girl had also drawn a typical Dali pattern in the leg with a watch hanging from it, in the lower right-hand corner of the picture. The patient's manner of drawing mouths and other splintered forms are also suggestive of some of Dali's work.

(When asked to describe some of the ink blots in the Rorschach Test, Harriet had also suggested that they looked like a Dali picture.)

Only when she had been persuaded to describe the frightening aspects of this dream was Harriet able to project it into a picture. After completing this design, she explained how she had drawn the small black head of the mother open, so that the wheels of her mind, as seen in the dream, were visible. After experiencing identification with the mother's thoughts, Harriet had, she said, also been through the disturbing sensation of seeing the rest of the dream through the eye of the mother. That was why, she explained, she had drawn lines radiating outward from the mother's right eye.

The large red cocktail glass was described as belonging to the mother. Throughout this series of drawings about the girl's conflict with the foster mother, such a glass is repeatedly used as a mother symbol.

The other aspect of the dream that disturbed Harriet was the "horrible gray eye" which spurted spots of red blood. Against the black background of this dream, two bright and pleasing forms, a sea horse and a fish, were, according to the patient, silhouetted in clear outline; the green sea horse, she said, represented beauty and the blue fish stood for love. This theme of love and beauty reappears in many of the later pictures and poems.

Second Dream: A Bird Radiating Light and a Black Eye Dripping Black Slime

Four days later, at the ninth art session, Harriet brought with her a completed picture, (Figure 4), of her second dream. In this design there is, as in the previous one, a large eye; but in this dream she described the disturbing aspect of the dream as concerned with "a black eye dripping black slime." "A black eye," she added, "is the ugliest thing in the world."

The background of this dream, as described by Harriet, was entirely white, in contrast to the black ground of the previous dream. In the center of this design, the girl had drawn a rose disk, in which the outline of a bird appeared. This disk which she described as whirling, was drawn so as to express the radiation and rotation of light throughout the dream. Everything else in the dream was said to

be in shadow. (The pattern of the Indian thunderbird, recalled by the patient after completing the picture, was etched, she said, on a silver bracelet which a boy friend had given her.) "The most remarkable part of the design in this dream," she continued, "was the large figure on the right. It was something like the plumage of a bird, all blue, magenta, and black, with yellow. I was particularly fascinated by the yellow color, until I saw that black eye. The plumage had this human eye, I don't know whose it was. But the black eye was wounded, and instead of blood dripping from it, there was black slime coming right out of the eye. Close by was an arrow, but it didn't touch the eye; yet I felt it was somehow related to the wound in the eye. I think the blood [in this dream picture] was dripping from the heart, but the heart is not shown here." This was the first direct reference the girl had made to the blood drops. Only many weeks later was she able to deal spontaneously with the sexual significance of blood in many of her designs.

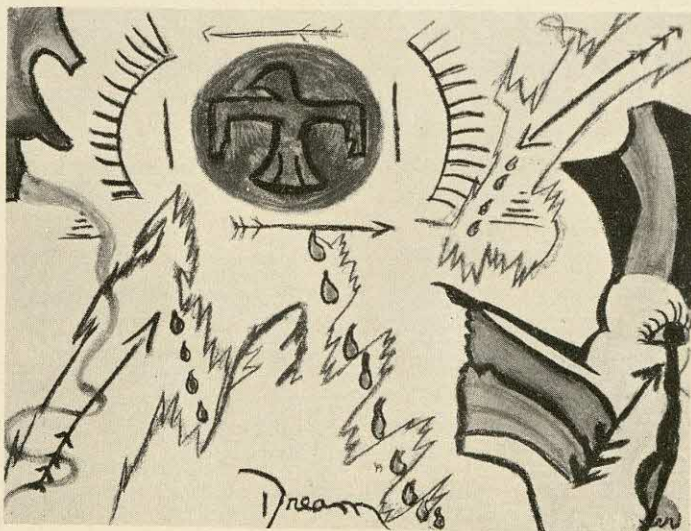


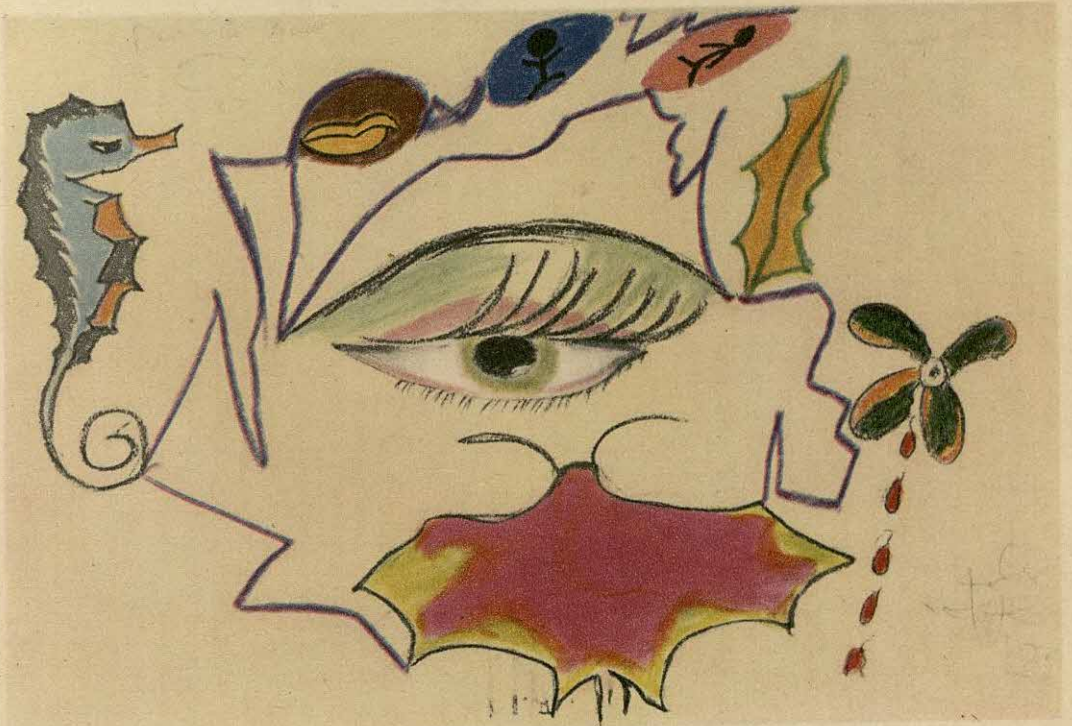
Fig. 4. Second Dream: A Bird Radiating Light and a Black Eye Dripping Black Slime. Color plate facing page 40.

Harriet had less to tell about the other symbols of the dream. When asked about the blue color in the upper left hand corner of her design, she described it as "just a blot of blue." About the pale green, tendril-like form which flows out from this blue mass, she said, "It's a stream, greenish; a thing I was struggling for and couldn't get. It just keeps on going. In the dream I had an urge to touch it and couldn't. The green is the truth about myself and where I stand. I feel that's what I'm getting well for."

It was suggested to the patient that the process of getting well occurred in the reverse order, that first one put down one's dreams, and then as one began to find out what they meant, one might begin to get better. To this she replied, "Well, both are so. Once you understand the truth, you're willing to fight for what you know something about."



"Bleeding Leaves on a Windy Day"



"Fears of the Unseen and the Unknown"

An effort was made to summarize for Harriet what her statements about the various symbols had revealed concerning her personal conflicts. When asked about the meaning in relation to her own life of this black eye with its black slime, she had replied, "It represents the fact that I was incompatible with my mother." She was reminded that she had been greatly distressed and even revolted by the way the black slime had poured out of the eye in the dream. Because this wounded eye had struck her as unpleasant, the girl was told that she had failed to recognize that the draining of a festering eye pointed toward recovery — for when the black slime had been released, the eye would commence to heal. Since she had related this draining eye to the struggle with her mother, this symbol she was told, suggested that the opening up of the conflict with her mother was now releasing the poisonous repressions that had prevented her from asserting her own ego. The bird symbol of the dream, with its radiating light and movement, Harriet had interpreted as "an expression of freedom of the will, of being able to do what I want myself." She was reminded that as the black eye on one side drained slime, the green tendril-like form on the opposite side flowed forth from a blue waterlike mass. The black of the eye was the color of death, the pale green of the streamlike form, which she had struggled to touch but could not reach in her dream, was the color of new life.

Thus the patient's own responses to her symbolic dream picture were reformulated so as to point out to her the revealing significance of her own comments. Beyond that, no interpretation of the dream material was offered. The implications of the sexual symbolism of blood drops, eye, and arrow were evident to the worker but were not interpreted to the patient at this time.

Variations on the theme of these drops of blood reappeared in many of Harriet's succeeding designs. The possibility that such a recurrent symbol related either to some infantile trauma or to a more recent sexual experience could not be ruled out.

In relation to a later design, the girl was soon able to describe quite spontaneously the traumatic significance of such blood drops in her sex life.

Arrows appear in a number of the patient's pictures (Figures 1, 4, 6, and 7). Sometimes the feathered tips carry the arrows forward, sometimes with reversed feathers the arrows fail to reach their goal. The patient never spoke of observing this modification.

Third Dream: The Four Faces of My Mother

On the night following the dream about the "black eye dripping black slime," Harriet had another dream, which dealt with four aspects of the mother. She brought the completed picture to the studio; it contained four interrelated faces — one green, one yellow, one red, and one black (Figure 5).

"In this dream," said Harriet, "I was walking through open space. I couldn't move or see anything around me. Suddenly I saw the back of my mother, the back of her head, but not her face. I saw four faces then, one green, one yellow, one red, and one black. That was all there was. I saw all this for a minute and then I woke up."

The girl was asked to tell the meaning of the faces in the dream. Her explanation has been summarized and is now presented in a connected sequence. "The whole thing," the girl explained, "all four faces grouped together, were what my mother was thinking. About the green face, I felt terror. Mommie always had a terrible fear of losing something. She lost Alice, lost her attachment to her [the older sister]. She lost her love and patience and finally Alice left home. I think she was terrified by this." Asked whether the mother was also afraid of losing her, Harriet replied, "Yes. She's not afraid that I'll go away, but she's afraid that I'll be myself."



Fig. 5. Third Dream: "The Four Faces of My Mother." Color plate facing page 1.

"The yellow face was the jealousy my mother felt; it was very large. Mom doesn't appear to be jealous, but I know she is. She's jealous of the professions women have been going into.

"The red face was a desire in Mom that was never fulfilled. Whenever she had a conversation I always felt she had a disappointed attitude. There was something she wanted to do badly and never could do, it was crushed in her. What she wanted related to herself as an individual and not to anyone else.

"The black face shows the doubt and fear Mom always has. I think she fears and doubts herself. With all her charm and poise, she doubts herself. At home with us children she is uncertain and suspicious when there is no call for it. For instance, when we children are all sitting around together, she would come in

suddenly and say, "What were you saying about me?" But we weren't speaking of her at all. She always doubted us."

In discussing the significance of this dream about her foster mother, Harriet was unusually relaxed and much at ease with the worker. Her use of the terms "Mommie" and "Mom" and "Ma," instead of "my mother," showed a decrease of her reserve in discussing her foster parent.

"Argument With My Mother"—a Recurrence of Significant Symbols

When Harriet brought the symbolic design which she called "Argument With My Mother," to the studio (Figure 6), it was evident that she was again making use of a series of symbols that had appeared in two previous pictures which dealt with the mother-daughter conflict. But this design was drawn with a more intense power of expression. It was produced on the day after Harriet had found the courage to criticize openly her foster mother, for the first time.

But what gave unusual significance to this picture was the girl's startled recognition that she was continuing to repeat many of her previous symbols. "I'm sort of ashamed," said the girl; "I keep having the same dream and I keep making the same picture."

Harriet was assured that her growing awareness of the repetitive patterns in her designs was not something to be ashamed of, but was, on the contrary, a positive sign of her own growth and development. Since she had come to recognize that each of her pictures dealt with some aspect of her problem, she needed to ask herself why these same symbols should appear again and again. The weeping eye and the speaking lips, she had always referred to as her own; the cocktail glass had always been described as the mother's; the pair of notes had, from the creation of the first of these repetitive designs, been made to stand for the discord between the mother and herself. Such repetitions were no accident. What then did they signify? A simple truth that spoke in the pictorial language of the unconscious. The symbols of the conflict between her mother and herself, she was reminded, would be liable to appear again and again in her designs until she had been able to face and resolve her problem.

It had now been possible to point out to the girl the meaning of her recurrent symbols because she had reached the point where she had succeeded in asserting herself successfully against the dominance of the foster mother.

In describing the full meaning of this picture, Harriet said, "I was angry at mother for having a house party. I wanted to talk to her about leaving home. I had written ahead and told her to save time for me. When I got home, Mom had a lot of people in the house, so I didn't have a chance to talk to her. Before I left I spoke to her and said, 'Mom, I don't see what you're angry about. I asked you when I wrote, to let me have time to talk some things over with you. And you have all these people here.' Mom answered, 'It couldn't have been as important as this house party is to me.' Then I told her, 'You're one of the most selfish individuals I ever knew.' Mother asked why I wanted to talk to her. Then I told her,

'I'm going to leave home. You don't give me a chance to explain. Now I won't try. Some day later I might.' Mother said, 'If I'd known, I would have made time. Tell me now.' I told her it was too late to explain. I told her just how I felt about her. I never dared to do that before."

"In the picture," Harriet explained, "the mouth stands for what I actually spoke. It stood for bitter words. I was very hot and bothered. I actually told Mom what I thought of her for what she had done. Then she apologized. I didn't feel any strain. It was a relief to tell her."

"The black arrow meant a pressing object. It took the place of words that hurt; it's an object of pain. The jagged yellow line means thought, it stands for what I think."

Harriet had seemed depressed when she entered the room; a little worried, as it turned out, about the consequences of having dared to challenge her mother's authority. But sympathy and support for her stand, from the worker, caused her spirits to rise again. Before she left the room, she completed her story on a more triumphant note with the words, "Yes, it was a victory."

How great a victory the girl had achieved against the mother's dominance, became evident in the changed attitude in the foster mother, who now began to show greater consideration for Harriet's interests. Since that day, the patient reported no serious conflicts with her mother, and she now slept soundly every night.

With this new ability to pit the strength of her own ego against the assertive demands of the mother, the girl was then able to begin dealing with some of the deeper aspects of her own insecurity about life and death and sex.

SECOND PHASE: Symbolic Representation of Conflicts, Fears and Wishes

"Temptation: The Gambler" as Self-Portrait

Harriet called the next picture which she drew in the studio, "Temptation: the Gambler" (Figure 7). On this occasion she had brought no completed picture with her, but announced with more decision than usual, "I know exactly what I want to make today." Without delay she went directly to work.

The girl then drew without speaking. First she outlined the peculiar squared face crossed by two diagonals, placing an eye in the left and right triangles of the square, and a mouth in the lower and an unlit candle in the upper triangle between the eyes. She then set a broken heart pierced by an arrow, within an oblong, below the head; to the left of her design, Harriet placed what she later described as a drink of Scotch and two lighted cigarettes, and to the right she arranged two cubes of huge red dice with black spots.

When the drawing was completed, she was questioned as to its meaning. She was asked whether the head stood for any person that she knew. "No," she answered, without hesitation, "it's just Temptation." When urged to tell what

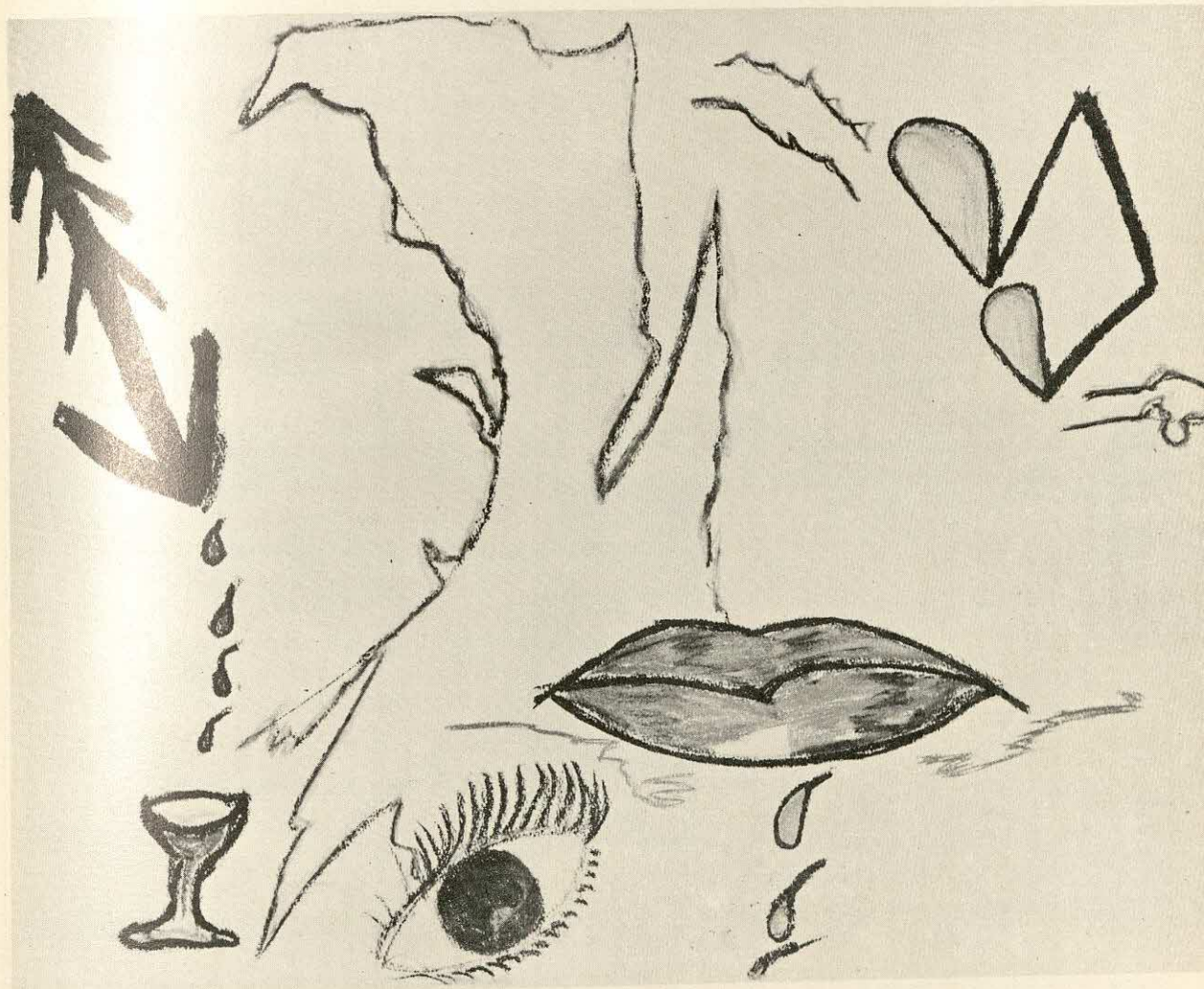


Fig. 6. "Argument with My Mother."

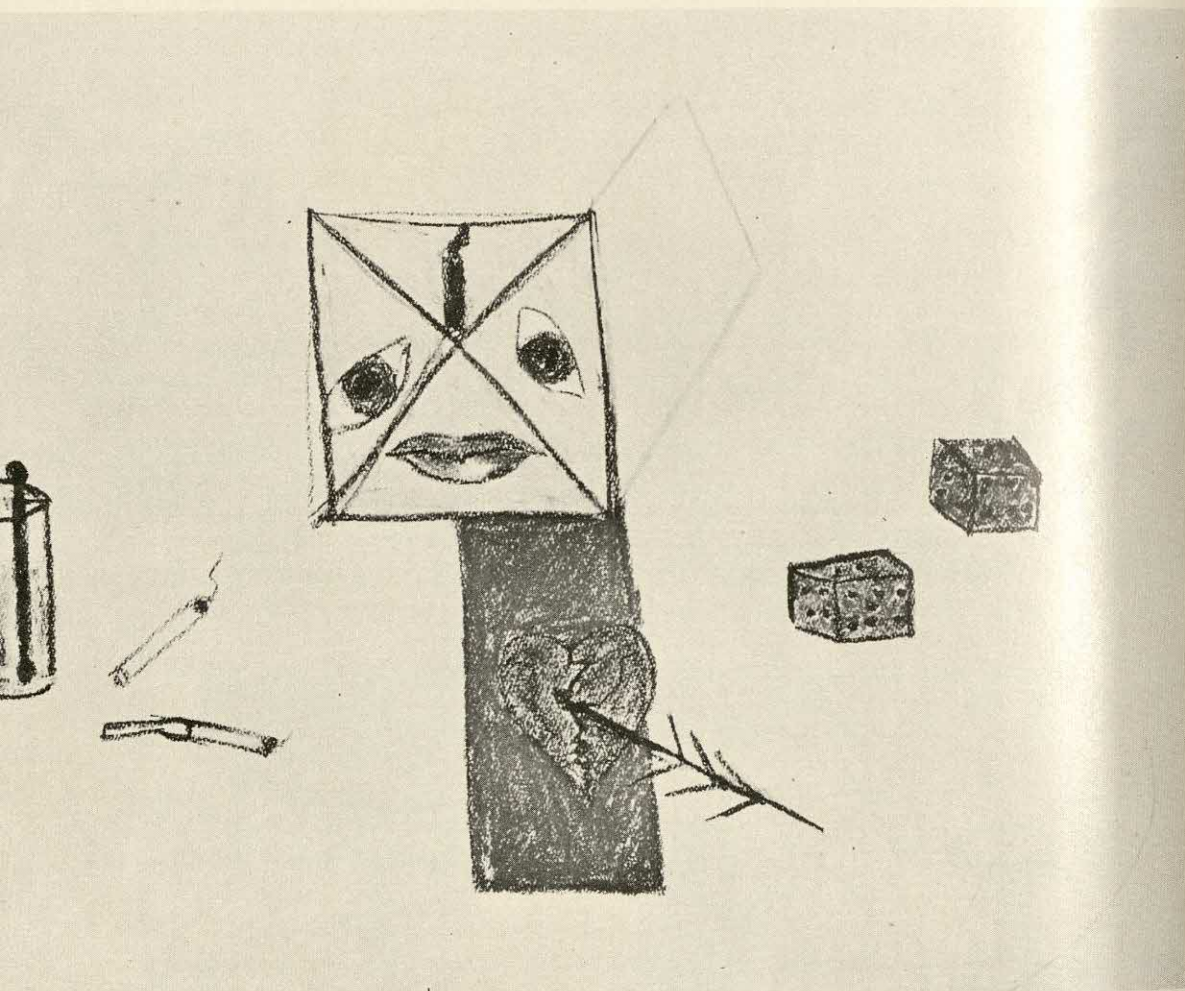


Fig. 7. "Temptation: The Gambler" as Self-Portrait.

temptation meant to her, she said, "To escape, anywheres from my life." To the query as to how she thought she might be able to work out her own life, she said, "I am trying to find out what I am, in what way I am creative, and from there we can work out a life." (This use of the term "we" to include the worker in the process, occurs also in relation to Figure 18.)

The dice in this picture, Harriet explained as standing for Fate, gambling. "The gambler," she explained, "tried to forget." The drink and cigarettes, the girl added, stood for escape. In a later design she elaborated on this theme of drink as a means of escape from her conflicts, in a picture called "The Story of Scotch and Soda," (Figure 12).

The green candle between the eyes of the gambler, the girl explained, was placed there instead of a brain; it stood, she added, for thinking. While the candle is here shown as unlit, in another design, made several months later, the patient placed a burning candle within a face (Figure 16) as one of the symbols representing her recovery.

The theme of the broken heart was repeated for the second time in this picture. In her first drawing of fragmented features (Figure 1), Harriet used the broken heart to express her own unhappiness in terms of a Millay poem; but at that time she had been incapable of recognizing its personal revelation. For a third time she again made this broken-heart symbol in recreating a childhood recollection about "My First Memory Is Being Hurt," at three years of age (Figure 19). But only in this last example was she able to identify the broken heart, verbally, as her own. Since this was the first and earliest childhood recollection which the patient produced during the art sessions, it clearly identified the recurrent broken-heart symbol with the aspects of her unhappy life.

The Proposed Electric Shock Therapy Postponed

Because of Harriet's growing ability to express herself in her paintings and drawings and her subsequent release in the vocalization of her problems, it was decided at this time that the proposed electric shock treatment would be, at least temporarily, postponed. The patient continued to improve as her work in the art sessions proceeded and it was therefore decided that no electric shock therapy would be given during the remaining months of hospitalization.

"Impression of Two Jars": A Visual Hallucination

When Harriet brought this picture of an "Impression of Two Jars" (Figure 8) to the studio, she was extremely anxious to explain how she had happened to make it. "I was standing in front of a shop window and as I looked at these two jars, faces began to appear on them. I was awfully frightened." "I guess," she added, "they must have been reflections of myself through the window."

When questioned whether she had ever experienced any other visual hallucinations, she said, "I never see faces, except when I'm asleep."

She then explained how this design was related to what she had just been through when questioned by some young physicians during the Board examina-

tions. "It was a great strain," she said. "I had eighteen interviews in three days. They all asked me if I ever saw or heard things. I never had and I told them so. It's lucky I can express myself in words, because you have to be so accurate when you're questioned."

At no other time, as far as could be ascertained, had she experienced visual hallucinations.

Harriet was still quite shaken by her recent hallucinatory experience. She then commented on the startling contrast between her lack of all physical fear and the compelling power of her inner fears. To explain her point she cited a recent skiing experience over the Christmas holidays from which she had just returned. Someone had pushed her down a new ski jump at night, before the lights had been set. Unable to see where she was going, she knew that she might have shot off the ski run, plunged headlong into the snow, and been choked to death. "Funny," she declared, "I wasn't a bit scared. I don't have that kind of fear at all."

The faces drawn by the patient in her design of the two jars give the impression of being a woman on the blue jar, to the left, and a man on the brown jar, to the right. That this hallucinatory experience might have been connected with one of the men with whom she had wandered away from home, was then considered possible. But it was not until four months later that corroborative evidence was forthcoming; on one occasion in recalling her relationship with a young lawyer, she said that she had helped him to buy a blue jar for his mother on the day that she had met him; the second bit of evidence that related this hallucination to the same man, was the dating of the first letter that she received from him at the hospital as of December 19th, the day before the beginning of these same Board examination questionings. (Why this letter was a source of such acute disturbance to her will be made clear when the entire traumatic experience with this man is reported in the last phase of the patient's work before leaving the hospital.)

After Harriet had been able to show the worker this picture, and discuss the hallucinatory experience and its relation to the questioning by the young doctors, she felt reassured and never experienced other hallucinations during the remaining months of hospitalization.

The girl's relation with the foster mother continued to improve, so that when she spent the Christmas holidays with her family, she had nothing but praise for "how wonderful Mom had been and how beautiful she had looked" when she won a prize at a fancy dress party.

The First Vocalization of The Patient's Problems

During the final weeks of the third month and the beginning of the fourth month of the art sessions, Harriet was able for the first time to vocalize her long repressed doubts and insecurity about herself. Often the girl reached the studio on Mondays in a disturbed condition, which reflected conflicts at home with the

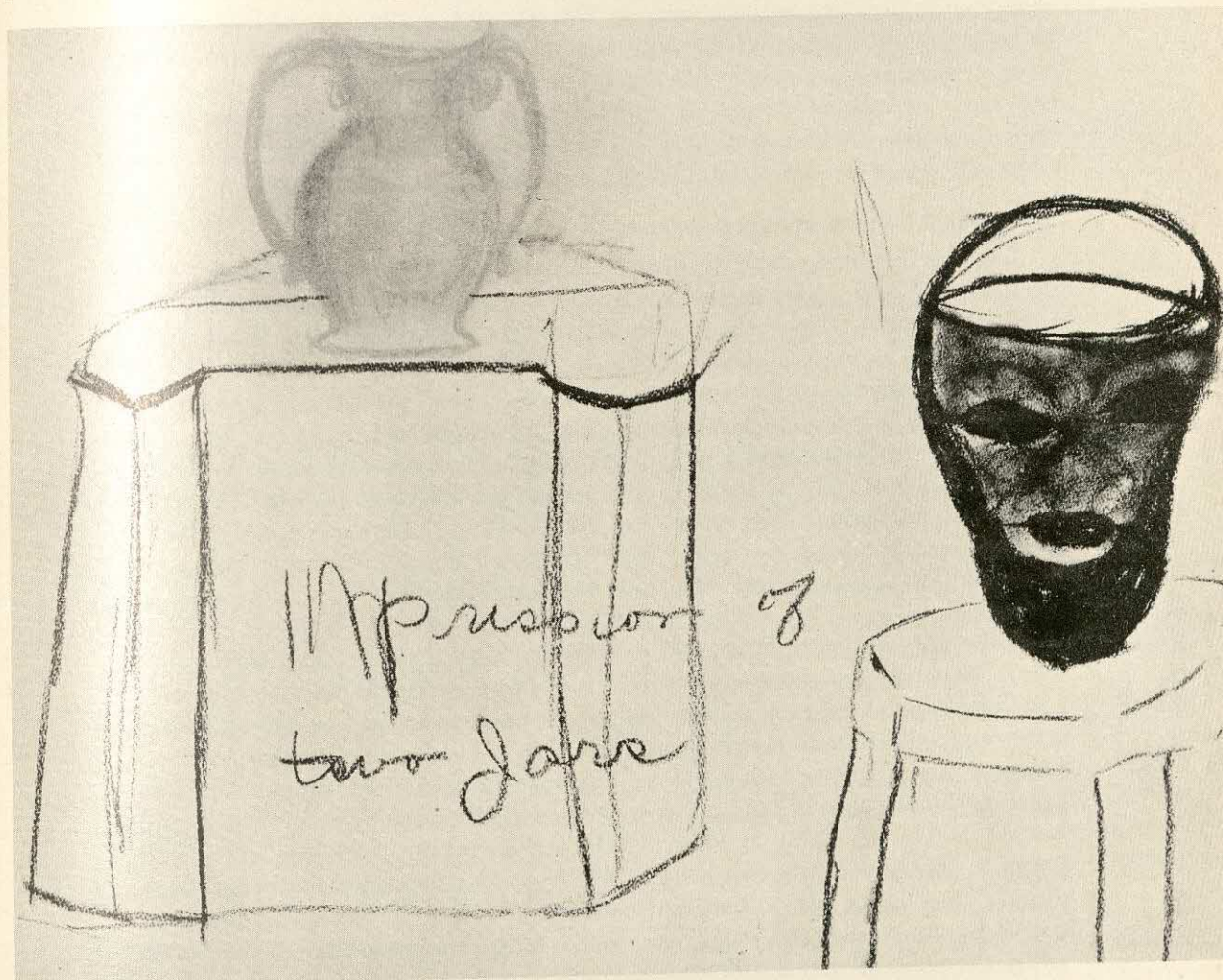


Fig. 8. "Impression of Two Jars": A Visual Hallucination.

foster mother. In the course of these talks, she was able to lay the groundwork for dealing with her personal insecurity by the recall of a traumatic childhood experience, by a discussion of her sister's, as well as her own, conflicts with the foster mother, and through an investigation of her feelings of sexual inadequacy. It became evident, as the patient gradually succeeded in speaking of her long-buried conflicts, that she had never before dared to discuss intimate problems about sex with members of her family or any other person.

Patient's Recall of First Childhood Memory

Before Harriet was able to speak more freely of her problems to the worker, she collapsed and declared that she knew she was getting worse. "Things are terrible," she said. "I'm unable to speak to anyone! I can't talk to the psychiatrist or the nurses!"

The girl tried to work at her easel, but in a few moments dropped into a chair and repeated, "I know I'm getting worse, and I'm frightened."

She felt so discouraged now, she explained, because she knew that previously she had been fooling herself about her condition. This attitude was met by pointing out that admission of the actuality of her illness was a hopeful sign, signifying improvement in her condition. But Harriet ignored this suggestion as well as a reminder that she had herself just emphasized the usefulness of the art work in her recovery.

The girl now broke down and wept as she begged to be taken back to the ward. When she had been quieted, she was urged to try to recall some early childhood experience; this, she was told, might be of some help in understanding her present difficulties. Harriet was then able to describe an episode which occurred in her new foster home when she was three years old. She had tried to speak in the presence of her mother and some visitors, one of them a little girl, but she had been unable to utter a word and everybody had laughed at her. Questioned as to why she had been unable to speak, she said that she had been afraid of stuttering and so had said nothing. The date of this occurrence was placed by the patient at about three months after she entered her foster home, while she was still having difficulty in adjusting to her new surroundings. In recalling the experience, Harriet emphasized the painfulness of being laughed at. Several months later, when she was attempting to review her childhood and adolescent memories in a series of pictures, she chose to begin with this same traumatic experience, which she then called "My First Memory is Being Hurt at Three Years of Age" (Figure 19).

When Harriet had described this earliest memory, it was suggested to her that there was great similarity in the pattern of her behavior at three, when she withdrew into silence in the presence of her mother and visitors, and the manner of her blocking in speech today with the psychiatrist and the nurses in the hospital. The girl listened thoughtfully and was able to follow the way in which her anxiety had on both occasions, caused her to withdraw into herself and had made her afraid to speak to others. At the end of this session the girl was assured that

while she had begun by complaining that she was unable to speak to anyone in the hospital, this recall of a childhood memory showed how her blocking of speech today was linked to that disturbing experience in early life. She was therefore urged to make efforts to recall other childhood experiences as a means of assisting her recovery.

Impressed by the relevance of this first recollection, the girl became much interested and was soon able to recapture a number of other important memories which will be described later.

The Problem of the Sister Alice

On this same day Harriet was also able for the first time to speak with ease and naturalness about her relation to her older sister, Alice. It will be recalled that the mother, as informant for the clinical history, had implied that this older girl had been sent away from the foster home because of sexual laxity or prostitution. And the patient had referred to similar accusations launched against her without justification by the foster mother.

What Harriet said about her sister is reproduced in her own words, but the conversation is condensed.

"My sister Alice and I," she said, "have never been close. We are entirely different. She is very emotional and impulsive. I'm corresponding with her now, trying to help her in handling a friend. He likes her very much and she likes him. He's a nice boy, not too bright. But Alice needs someone steady and solid. She needs someone like that for a husband. I see Alice about once a month.

"Her friend thinks I'm older than Alice, though she really looks older. You see I've always been used to boys. I know just what boys want from a girl. Those two boys I stopped to talk to on the way in, I pal around with them and they tell me all about themselves and their problems. I think it's a good thing if one can help other people with their problems."

A few weeks later Harriet reported that Alice had been introduced to the young man's family and met with their approval as a prospective wife. Harriet then gave the news to the foster mother who responded by offering to help Alice get her clothes and furnish her place when she married. This led Harriet to comment approvingly, saying: "Mom's nice that way; she doesn't hold a grudge."

When Harriet was asked whether she imagined that her sister had had sex relations with men, her reply was that she thought Alice would be afraid to risk it. This comment, of course, is only applicable to her own sex fears. She said, "I think my sister is very emotional and impulsive and moves too fast in going towards men and that's why she's not successful with them." Harriet believed that she understood Alice, while her mother did not. Her foster father, she added, thought so too. The girl felt that her foster mother, who was extremely conventional, had misjudged her sister and was also accusing her without justification, of having sex relations with boys.

This fear of the foster mother's rigid and conventional moral code and the mother's severity in judging the sexual behavior of the patient as well as her

sister, made it difficult for the girl to trust any other woman. It may be recalled that Harriet blocked completely with the first psychiatrist, telling her that she reminded the patient of the foster mother and that she was too conventional for her to be able to discuss with her any personal problems about kissing and necking.

As the subject of the girl's sexual insecurity and the difficulties of her relation to the rigid foster mother were discussed with the worker, it became evident why Harriet, even while developing a positive transference, retained for some time a suspicion as to the worker's acceptance of her sexual behavior.

How the Patient Admitted her Sense of Sexual Inadequacy

After explaining the sister's problems with the mother, Harriet was now able to speak to the worker of her own sexual insecurity. Harriet declared that, unlike her girl friends, she did not care to "neck" with boys; this remark was contrary to the mother's suspicions that Harriet too might be sexually promiscuous. She had tried it once, she said, and did not like it. But she did not mind letting a boy kiss her once in a while. Then followed this admission: "I'm really worried that I'm different from other girls because I don't care about necking. My girl friends all say, 'Do it anyway; everybody does it.'"

An effort was then made to allay the girl's anxiety as to her ability to function adequately as a female; she was assured that promiscuous indulgence in "petting" was not a test of sexual adequacy; that many girls preferred to postpone sexual play until they were in love with a man.

But as it was known that the girl was afraid of the foster mother's strictness and could never discuss her sexual difficulties with her, she was given assurance by the worker that she was accustomed to discussing all manner of sexual problems with young people of both sexes.

During the following weeks, Harriet began to speak with greater freedom about her sexual insecurity; one aspect of her anxiety was found to be due to her strong identification with her foster mother's frigidity. This had led the girl to fear that she too would be sexually inadequate if she married. A frank discussion with Harriet about the nature of marriage and the role that both partners play in creating a satisfactory sexual adjustment seemed to relieve her of the anxiety that she would be sexually inadequate if she married.

Fabrications and Evasions

In the course of the art sessions a number of episodes revealed the mother's critical and suspicious attitude toward the patient's boy friends. That the mother attempted to invade the girl's personal relationships unduly was undoubtedly a factor in increasing the girl's evasive behavior. According to the patient, the foster mother even went so far on one occasion as to have a key made to Harriet's private letter box, in order to read her correspondence with a certain boy and then criticize the patient for keeping up the friendship.

The girl was now able for the first time to discuss her serious difficulties

over fabrications. The subject had never been referred to by the worker, but Harriet introduced it spontaneously. While she had formerly feared to mention it, she said that now she felt ready to speak about the problem of her lying. The girl attributed some of her prevarications to her mother's severe prohibitions against going out on dates alone with boys.

She then admitted that contrary to her mother's orders, she had gone off alone with certain boys to the country. "It was too far away for these boys to come all the way over from their school to Connecticut and see me, so I met them half way. But later I told my mother, and my mother realized that I wasn't pregnant and hadn't been raped. Boys don't go any further than you let them, and I know how to take care of myself."

With some of her anxiety allayed, Harriet was now able for the first time to speak hopefully about plans for the future. She began to feel that she was going to be able to work out her relationship with her mother. She hoped soon to study dramatics so as to train herself for the theatre. In the meanwhile she thought she could earn some money by modeling. The mother, it was later learned, was worried about these proposals and soon discouraged such plans.

In the studio, the patient sometimes reproduced the pattern of her evasive behavior at home with the foster mother. So strong had this defensive mechanism become against the foster mother's suspicions, that Harriet would sometimes without any justification attribute similar motives of spying or curiosity to the worker's attempts to help her.

Sometimes after offering spontaneously to bring a painting or a letter to the studio to show the worker, she would change her mind, but instead of saying so in a straightforward manner, she would begin to make excuses that varied from one art session to another. Once it was about a painting that she said she had lost, and then mislaid at home. On another occasion her excuses concerned a letter from a male friend; these shifted from mislaying it to forgetting it at home. But as the girl began to realize that the worker had no personal curiosity as to the contents of her correspondence and was only concerned in helping her to understand herself, her attitude began to change. Later, Harriet went so far as to comment on the marked difference between the attitude of the worker and that of her foster mother toward herself; she began to remark that in the studio she felt none of the pressure she was accustomed to at home, so she was now able to talk more freely about herself.

First References to a "Confused" State and Memories of Wandering From Home

The patient had now been in the hospital four months; but no coherent statement had as yet been obtained from Harriet concerning what had occurred on those occasions when she remained away from home for days or weeks. There still remained much uncertainty as to whether the patient's apparent amnesia and periods of "confusion" were genuine or feigned.

But as she began to speak to the worker, frankly, of her sexual insecurity and tendency to prevaricate, she was now able to answer some questions as to what took place when she wandered away from home.

Harriet described how she had lived for several weeks in a room with a friend, Helen, and that the family had not known where she was. She then mentioned, for the first time, the name of Charles, a man whom she had met through this girl friend. She had been unable to remember what happened when she became confused. The next thing she knew was waking up in a hospital and her brother was beside her bed. She said that she went right back to sleep again. The following week she spent at home, sleeping most of the time; once, sleeping straight through twenty-four hours.

Harriet said that she had tried to get information about what had occurred during this period of confusion while she was away from home, by writing to her friend Helen. To this letter, Helen replied that she would tell Harriet, when the latter came out of the hospital. The patient wrote a second letter, which was returned because her friend had left the city.

In her first recall of her "confused" state, she had, it was discovered, combined the recollection of two separate experiences when she had wandered away from home. From the fourth month of hospitalization, the third of art work, the girl's memories of her experiences with several men began to break through in fragmentary form; these were expressed sometimes in words, but more often in symbolic pictures. But the entire story of her traumatic experiences with these men was not fully recalled until the final three weeks of the art sessions, at the end of her hospitalization.

"Bleeding Leaves on a Windy Day"

When Harriet brought two small symbolic designs to class, she was more ready than usual to offer an interpretation of their meaning. These pictures were the direct consequence of several art sessions spent in serious discussion of the patient's problems. She had succeeded in dealing for the first time with the deeper levels of her conflicts with her foster mother and the source of her own sexual insecurity. These new designs were unconscious projections whose deeper meaning only became clear to the worker after the patient had given her own interpretation of these symbols.

The first picture was called by Harriet "Bleeding Leaves on a Windy Day" (Figure 9). She offered this explanation of the design: "I saw the falling leaves out of the window. And then I felt sad; not anything connected with me. It was just sadness because I'd seen the last leaves fall from one tree. The big leaf represents the mother tree. The little leaves are the children, the leaves that were detached. The eyes, the pair of large ones, represent the eyes of the mother tree watching the leaves fall, one by one. The lips are in mourning, the color is purple. They represent death." When asked about the meaning of the blood drops, she said, "They represent the wounded leaves, the life blood being sucked out." As

to the jagged orange lines (upper right-hand corner), she explained, "They are the force of nature, the wind."

This is the first of the patient's pictures in which separation from the mother is directly recognized in the symbol of the child-leaves becoming detached from the mother tree. This same image about "leaves cling to their mother tree" was later used in a poem about her real mother. The accompanying show of grief in the purple lips of this design seems to signify the patient's effort to relieve her sorrow at the irreparable loss of her own mother. Certainly deprivation of her own mother's love had overshadowed her life; but this was probably the first expression of this long-buried emotion. The recurrent images of mouths may also stand for this unsatisfied longing. Many vague faces described as the mother, were projected in the earlier art sessions in both dream and fantasy pictures. That these were the first expressions of her longing for the real mother whom she had lost at birth, was later confirmed when she became more articulate in both poems and pictures.



Fig. 9. "Bleeding Leaves on a Windy Day": First Symbolic Expression of Loss of the Real Mother. Color plate facing page 56.

After the girl had released this unconscious projection of her suppressed longing for her own mother whom she had never known, attention was given to encouraging the patient to release her long buried feelings about both of her real parents. Harriet, when questioned, insisted that she could remember nothing that related to her life in the three years before she entered her present foster home. As she began to recover early memories of her first years with the foster parents, she commented that a child like herself, who had been brought up in a foundling asylum, would naturally not be as alert as one who had received the personal warmth and attention of a home. But for some weeks, Harriet still remained unable to express genuine emotion about either of her real parents.

In the title of her picture, "Bleeding Leaves on a Windy Day," Harriet had, for the first time, drawn special attention to her use of the symbol of blood in her designs. Although she had not up to that time dared to admit the intimate

connection of these repetitive drops of blood with her sexual problems, she was about to do so in discussing her next design of "Fears of the Unseen and the Unknown."

"Fears of the Unseen and the Unknown"

"Fears of the Unseen" was the title that Harriet had printed on her next picture; but in describing the meaning of its symbols, she spoke of it as "Fears of the Unknown" (Figure 10). According to the girl's interpretation, both of these terms were related to a series of her long repressed fears that she was now able for the first time to project in this design.

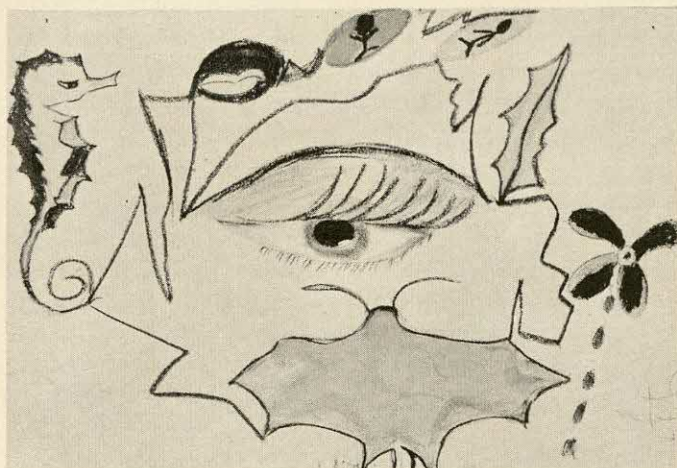


Fig. 10. "Fears of the Unseen and the Unknown." Color plate facing page 56.

The patient's spontaneous interpretation of the meaning of her symbolic condensations, reflected a new development of insight. She pointed to the large realistically drawn eye in the center of her design, explaining that it represented the "mind's eye, it's my mind. I put it there in the place of the brain." This eye gazes upon the various symbols of "unseen" and "unknown" fears; these are joined together by a jagged purple line which surrounds the eye. The first fear symbol which Harriet interpreted was the sea horse; its colors are turquoise blue, orange, and gray. "This sea horse," she said, "represents the fear of sex."

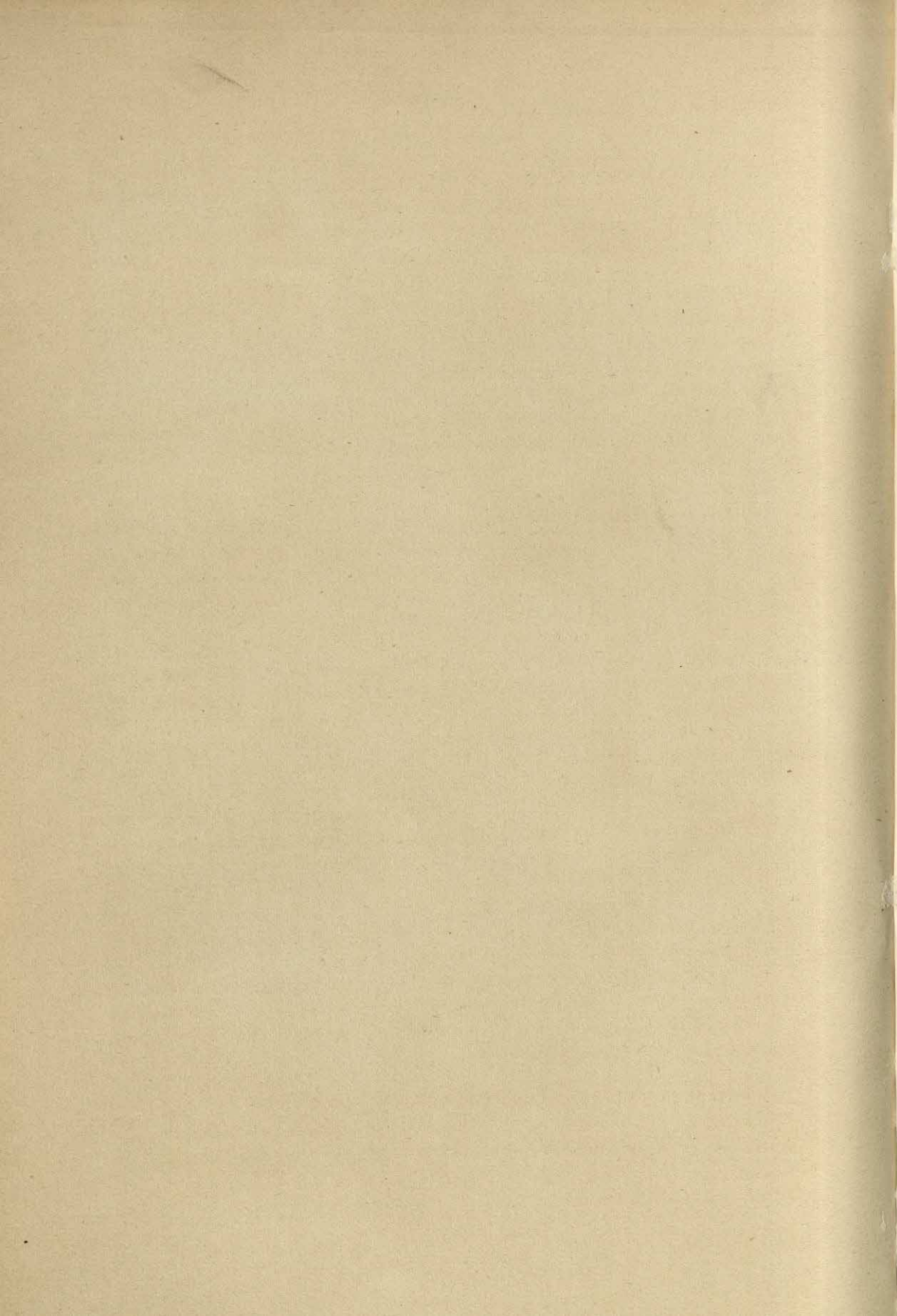
The patient had also used a sea horse in her first dream picture as a symbol of beauty. Later, the same creature was again associated with the idea of beauty; then Harriet referred to a beautiful jar inscribed with just such a sea horse that her foster father brought back in her childhood from Palestine.

The next symbol of fear which the patient undertook to interpret was the pair of yellow lips set within a brown medallion. "This," said the girl, "represents the unknown forces of cowardliness." (She had already described herself as a "coward" in the initial hospital interview.)

A small black upright figure in a deep blue medallion was then described as symbolizing "the unknown qualities of the future — the question of success."



Plate IV. "My Impression of the Ballad of Reading Gaol"



The next medallion with an orange ground contained a small reclining black figure, which Harriet said stood for "the unknown qualities of death." This was the patient's second direct allusion to death in the art sessions.

The next two symbols interpreted by the patient were the yellow leaf and the four-petaled green and orange flower; these she described as two aspects of love. "The leaf", said the girl, "represents the unknown qualities in love; that's from a spiritual standpoint. The leaf is shaped like those in the previous design that deals with mother love. The flower represents the unknown qualities in physical love. *The drops of blood, falling from the flower, represent the fear of breaking my virginity.*" She was now able to recognize and admit to the worker, for the first time, the true meaning of these blood drops that had appeared in so many of her previous designs. "The bat with wings of magenta and green at the foot of the page," Harriet concluded, "represents the fear of life – of living." Such a creature, unable to see in the daylight, becomes an appropriate symbol of the girl's fear of facing each new day.

When Harriet had completed this interpretation of her previously unvoiced fears concerning sex and love and life and death, she turned to the worker and said, "All those fears that I didn't know about are here in this picture. And now that I know about them," she added, confidently, "I'm not afraid of them anymore. All of a sudden I feel I'm getting well!"

As the girl completed her explanation of her fears in this design, she gave an impression of buoyancy and a new self-confidence as she announced that she felt she was recovering. Harriet seemed so exhilarated that she was warned against expecting too sudden a change in herself. But what appeared then as an unbalanced mood, proved later to be based on the release of an important, but as yet unadmitted factor, in the patient's conflict. Not until three months later was the patient finally able to reveal to the worker the depth of the symbolic significance of the bleeding flower as it related to a traumatic sexual experience.

While Harriet was now beginning to use her art expression more knowingly as a means of projecting her problems, she was still on many occasions completely unconscious of what her pictures meant. But with the added insight gained in the creation and discussion of "Bleeding Leaves on a Windy Day" and "Fears of the Unseen and the Unknown," it became evident that the girl was showing signs of increased integration in dealing with her problems.

Since the patient had now been able to interpret correctly the meaning of the bleeding flower, she was told by the worker that the blood drops in her previous pictures had already, in the language of symbolism, expressed what she was now able for the first time to release in words.

Recall of a Traumatic Experience at the Age of Nine

As Harriet was now able to speak more freely of her sexual insecurity, she was asked to try to recall some early sex experience. She then described how, at the age of nine, she had, after leaving some games with other children, gone with a boy of twelve to gather firewood for an outdoor bonfire. She remembered that

the boy had asked her to sit down, so that he could talk to her; he then warned her that she should not go into the woods like this, alone, with any boys. He tried to explain the danger to her, as far as Harriet could recall, on the basis of the physiological differences between boys and girls. Since she was only nine at that time, she was too young, the patient explained, to understand exactly what he meant. But she remembered that she was able to grasp enough to be quite disturbed by this episode.

A week after receiving this warning about the dangers of going to the woods alone, a young woman of twenty, known to the patient and her family, was murdered in this same place. The traumatic effect of this experience on this nine year old girl must have been acute. When questioned she admitted that she had always been afraid to mention the girl's murder or the boy's warning about the woods. At nine, she said, that she had known something about the physical differences between the sexes from her older brother, but had not been given any other sexual information.

Further details concerning her sudden recall of the murder of this girl were then obtained. Harriet said that a recent chance encounter with this girl's brother, whom she had not seen in many years, had revived this long-forgotten memory; the young man had reminded the patient of the peculiar circumstances of his sister's death by showing her old newspaper clippings which described the crime.

It is therefore probable that this patient, in her disturbed and unhappy childhood, had lived through fantasies of death and blood, long before traumatic sex experiences with several men had occurred. (These experiences will be described later.) That the recovery of these anxiety-filled memories of childhood should have followed so closely upon the patient's recognition of the meaning of the defloration symbol of the bleeding flower is of unusual interest.

The patient was then urged to recall how, in her last picture, she had created the symbol of the flower and the bleeding drops and had described it as representing "fear of having my virginity broken." She now qualified her previous statement by saying, "That isn't exactly my problem: What I'm afraid of is that I may not be able to satisfy sexually the man I marry."

Following this admission, the rest of the art session was spent in a discussion of the problems of sex, love, and marriage. What practical information the girl had obtained on these subjects came from three sources: reading, her brother, and the foster mother. The foster mother's references to the inadequacy of her own marital relations had deeply affected the patient. When Harriet referred to the comment by the foster mother that she had "never reached a climax" in her marriage relation, the girl mistakenly interpreted these words to mean that the foster mother never had any intercourse with her husband. The patient's ostensible ignorance of the physical nature of sexual adjustment made it necessary to emphasize that the satisfactory completion of the sexual act depended on the response of the woman as well as the man. As Harriet listened attentively to this explanation, she now asked questions that helped to clarify her previous misconception of the marital relation between her foster parents. Such

evidence of the patient's ignorance of the mechanism of intercourse suggested that she was speaking truthfully when, on admission to the hospital, she had insisted that she was sexually inexperienced. (Several months later the girl's recovery of her traumatic experiences with men seemed to confirm this point.)

Harriet was then asked whether she might not have identified herself unconsciously with the foster mother's sense of inadequacy about her own marriage, and thus become afraid that she too would be incapable of satisfying any man in marriage. The girl's response to this new idea showed none of her former evasiveness. "Why, I never thought of that. I'll have to think it over," she decided, as she left the room. At the next art session she was able to say, "You straightened me out a lot. I don't put myself in my mother's place now. I took time to think about our talk and I began to realize that nothing that can happen to Mom need happen to me."

It was now possible for Harriet to talk with more freedom about herself. She had never before been able to speak of her sexual insecurity to anyone. Attempts to discover what her unconscious sexual attitudes toward herself had been, elicited the information that she had always been fond of games and sports and had been quite a tomboy until sixteen. She was now able to tell without hesitation or undue embarrassment of a certain experience on a train, when a man had exposed himself. She was ready also to reply to questioning as to her awareness concerning both homosexuality and lesbianism, without appearing to be disturbed. She explained that she had been theoretically familiar with such topics because of her foster father's broad views on such matters. When the subject of masturbation was introduced, she declared that she had never used it; but as her foster mother had explained that its practice was not harmful, she would not have been afraid to do so.

"My Impression of the Ballad of Reading Gaol"

When Harriet brought a design to the next art session, she said, "This is not a picture of Wilde's poem, but my impression of it."

A clue to the unconscious value that the patient attached to "My Impression of the Ballad of Reading Gaol," (Figure 11), is revealed in her own explanation of its genesis, which she produced at the next art period: "I wanted to illustrate this poem over six months ago, before I fell ill and came to the hospital. I couldn't do it then. I'm so glad that now I've been able to carry out my idea."

The nature of the anxiety that suspended the creation of this design, until the girl had been able to release certain unconscious conflicts, will become evident as the patient describes the meaning of her symbols.

Harriet recited seven verses of the ballad and pointed to the various corresponding patterns in her composition.* The story of this long poem concerns the prisoner who murdered the woman he loved and eventually had to hang for his deed.

*These verses and her accompanying symbolic sketches are in the Appendix, pp. 233 ff.

"In my picture," the girl explained, "I have shown how the man kills the thing he loves with a sword." She then pointed to the sword in the central section of her design, with blood drops falling from its tip. "In the poem," she continued, "it was a woman that the man killed. I didn't put a woman in my picture because a woman doesn't necessarily have to be the thing a man kills that he loves. The killing of the thing one loves means destroying beauty. I've represented beauty as an island. The island represents the same thing the man killed."

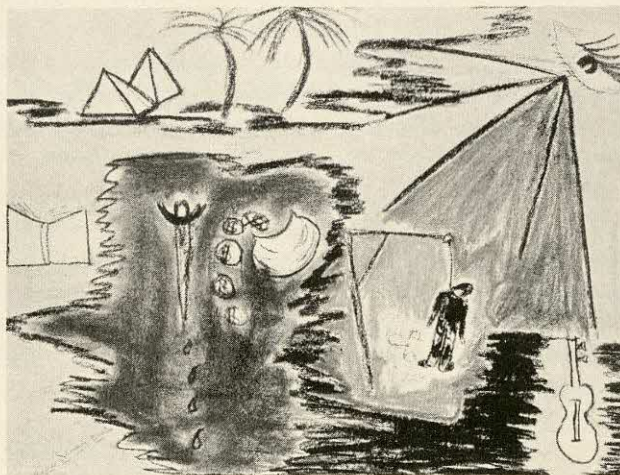


Fig. 11. "My Impression of the Ballad of Reading Gaol." Color plate facing page 72.

The so-called island is a golden landscape in the background of Harriet's drawing. It contains, according to the patient, two pyramids and two palm trees and is divided from the rest of the design by a jagged black outline. This landscape looks like the desert of Egypt rather than an island.

After pointing out the meaning of the sword and the island, Harriet directed attention to the black figure she had drawn in the hangman's noose. For this symbol she recited:

"And I and all the souls in pain
Who tramped the other ring
Wondered if this man had done
A great or little thing
When a voice, behind me whispered low
That fellow's got to swing."

She added emphasis to the punishment of the murderer by pointing to the "shadow of the gallows" which she explained expressed "the horrible death." (How much importance the girl attached to her drawing of the gibbet and the hanged man was shown by the discovery in her portfolio some weeks later of a carefully prepared pencil sketch for this part of her picture.) All her other paintings were produced spontaneously, without preliminary sketches.

Harriet emphasized three elements in her design as she described its meaning; these were the island which stood for beauty and replaced the woman murdered by the man, the sword with bleeding drops by which the woman was killed, and the gallows with the hanged man swinging from it. Close to the dead man is drawn a violin, which the patient described as representing the "dance of death," which reinforces the death penalty for the crime, as alluded to in one verse of the poem. Of the open book at the left of the picture, the patient said, "That's the philosophy of the poem"; the great eye looking into the design from the upper right-hand corner, she interpreted as the man's "look." For this Harriet quoted a verse containing the lines,

"But I never saw a man who looked
So wistful at the day."

Projecting from this eye are two rays; the upper light green ray reaches out towards the island, the lower dark green one touches the hanged man and the violin. When asked the meaning of these rays, Harriet explained, "The light green is for the lighter things in the poem [the golden island] and the dark green for the more serious things [the hanged man and the dance of death]."

The background of the design is clear orange, the island is golden yellow, the section containing the sword is purplish red, the background of the gibbet and the hanged man is purple, while the section below the death scene is black and contains the white violin of "the dance of death." While the picture is done in clear and brilliant colors, certain symbols are left uncolored; these are the book, the two pyramids, the large eye, and the violin.

This picture shows a distinct advance in Harriet's power of organizing her creative expression. The composition has a degree of unity beyond any of her previous designs. As an esthetic creation it can be said to measure up to some of the best of current surrealist art.

Certain aspects of Harriet's life experiences were symbolically released in this drawing for the first time. Although the girl described the landscape in the background of her picture as an island, the way in which it is drawn does not suggest an island formation. This discrepancy makes it necessary to ask why Harriet chose to call it an island. The palms and pyramids identify the scene as belonging to the ancient past. It is therefore possible to consider this so-called island as a remote aspect of the patient's life — of the period of her infancy and early childhood. Such an hypothesis was confirmed by the implied significance of the two palm trees as female and the two pyramids as male symbols. These two pairs of double images appropriately express the unusual circumstance of the patient's childhood; she had two sets of parents — the real ones that she never knew, and the foster parents with whom she had lived for the past fifteen years.

As to the meaning of this island symbol, why, one may ask, should the patient have so distorted the facts of the poem as to replace the form of the murdered woman with the symbol of an island? By saying that a man could destroy beauty as well as destroy a woman, Harriet had tried to justify such a

substitution. Might not the patient's resistance to depicting the killing of a woman in this poem, be linked in her unconscious to the forgotten memory of another killing, that of the murder of the young woman in the wood, when the patient was nine years old?

Nine months had elapsed between the planning and final projection of this picture. What, then, had caused this long delay? What resistance had interfered with Harriet's original impulse to make a design from Wilde's poem? A careful consideration of the symbols employed by the girl in creating "My Impression of the Ballad of Reading Goal," may clarify what her unconscious was attempting to say.

Who then is that murderer, the man who has destroyed the beauty and happiness of Harriet's early years as symbolized in the sunlit island? The criminal can only be the girl's real father, who she feels has caused the breakdown and incurable insanity of the mother and has made it necessary for his child to grow up without ever having known either of her own parents.

Throughout Harriet's experience, man has been a danger. Her own father damaged her earliest years of life by his actions. The foster father has failed to make the foster mother happy in her marriage. The girl in the woods was murdered by a man. Is there anything, the girl must be thinking, that is good in a man? And what then, she wonders, is the fate of women? If these suppositions are correct, they would throw some light on her confused behavior when she had wandered way from home. On such excursions with strange men she was undoubtedly in search of a father whom she had never known. This speculation was confirmed several months later, when Harriet was able for the first time to speak of what took place when she had gone off with a man. "He did not attract me physically," she commented, "but he was more like a father."

At the end of the art session the girl found it necessary to deny that her picture had anything to do with herself. When she was asked whether the eye in the design had any relation to her, Harriet protested, "This picture hasn't anything to do with my personal problems. The eye represents what the man saw and did." (But in relation to other designs, she had repeatedly described the eye as her own view of what was taking place in a picture.)

That Harriet was resistant to the deeper implications of her symbolic fantasy was not regarded as a deterrent to its therapeutic value in sublimating her death wish against the father. No attempt was therefore made to discuss the disguised symbolism of this picture with the patient beyond the explanation that she offered.

Harriet intended to make another design about the second part of Wilde's ballad, but never did so. The symbolic function of the poem had evidently served its purpose in sublimating the death wish against the father. On rereading "The Ballad of Reading Gaol" the worker discovered striking similarities between some of the pictorial symbols that Harriet had chosen for her designs and verbal ones that Wilde had used in his poem. She symbolized the intermingling of blood and tears in a number of her designs, and Wilde had expressed this idea in several stanzas. Here is one example:

"Three little weeks in which to heal
 His soul of his soul's strife
 And cleanse from every blot of blood
 The hand that held the knife.
 And with tears of blood he cleansed the hand
 The hand that held the steel
 For only blood can wipe out blood
 And only tears can heal.
 And the crimson stain that was of Cain
 Became Christ's snow-white seal."

Blood, guilt, and sin are wiped out with tears in several of Wilde's verses. He also refers to the way that the "crimson stain" of blood is transformed by forgiveness into white. The patient, in some of her later work, similarly referred to such changes of color that eventually took place in both the blood drops and tears of her designs.

A further correspondence between some of Wilde's phrases, which refer to "Death and Dread and Doom," and "empty corridors full of forms of Fear," and some of Harriet's designs may be found in the girl's projection of her many fears about life and death and sex throughout the art sessions.

Whatever guilt feelings the girl had experienced in relation to the unconscious death wish against the father in her "Impression of the Ballad of Reading Gaol" may have been partially assuaged by another verse of Wilde's poem, which says:

"Alas! It is a fearful thing,
 To feel another's guilt.
 For right within, the sword of Sin
 Pierced to its poisoned hilt,
 And as molten lead were the tears we shed
 For the blood we had not Spilt."

That the creation of this picture had stimulated the release of Harriet's repressed childhood memories was conclusively shown by her spontaneous proposal, as soon as she had interpreted her ballad design, to collect snapshots of her early years in the foster home; these she explained, would help her to recover the forgotten experiences of her early life.

Childhood Memories from the Age of Three to Eight

It took Harriet three successive week ends to collect snapshots of herself as a child between the ages of three and eight years. To justify her delay in bringing the photographs, the girl explained that it had taken much time and effort to recall the details of these early experiences. Two previous childhood memories have already been described; the one concerning her "first hurt" when she was laughed at for her inability to speak at three years of age; and the other relating

to the traumatic experience associated with a sexual warning when she was nine years of age, and the murder of the young woman in the woods.

In reviewing the snapshots of herself in the first year at her new foster home, Harriet was able to mention for the first time her first three years in the orphan asylum. "I was a foundling before I came to them [her foster parents]. They knew that and also knew of my mother's condition. They took painful steps with me in my first year. It was very hard for me to adjust myself at first. That's when I remember I had trouble speaking. All I could do was to repeat what I had been told. I couldn't do any other speaking until I was four. I cried for a whole year. I was so unhappy because I couldn't talk. I had a setback about speech, but I got over it."

Questioned as to her recollection of the foundling home, she said, "I don't remember it at all." When it was suggested that her unhappiness during the years at this institution might have made her want to forget, she replied, "I don't know, maybe I wasn't quite alert. You know when you live like that, not with individual people, you're not quite as alert."

Holding up a snapshot of herself at four and a half years, Harriet continued: "My fourth was a happy year. Mom took a lot of time with me. After that I was able to talk exceptionally well. I started to entertain people by reciting poems. I got my first doll. It's in the picture. I still have it; wherever I went the doll went with me. I was very happy and possessive. When I was four I saw my first Christmas tree; that was when I became fascinated by individual things. I sat for hours watching that Christmas tree. People would call me, but I wouldn't hear. I could only concentrate on the individual thing that fascinated me."

This Christmas tree memory suggests the possibility that this girl showed marked preoccupation as early as her fourth year.

There were snapshots of Harriet at five years of age; and one taken on her fifth birthday, when she fell and broke her arm. The next picture at five and a half years showed her when the cast had been removed from this arm.

Harriet then described the exact way in which the foster mother had informed her of the circumstances of her adoption and the facts of her unfortunate parentage. These were Harriet's words: "I was gradually told. When I was five, mother told me she was not my own mother. She could pick me out, she said, when she got me. . . . When I was about seven, mother explained how she got me in a home where there were all kinds of children of all races and colors. . . . When I got to be older, she told me that my mother was still alive . . . that my mother would never get well. . . . At ten years, she told me my mother was insane, incurable, and that my father had deserted."

The emphasis which Harriet's words placed on the exact age at which she had been informed of the facts concerning her adoption and the story of her own parents, strengthens the impression that the foster mother's method of dealing with the child had reinforced the traumatic experiences of the patient's first years.

Family group pictures taken when the patient was five and a half, followed. They included snapshots of herself and her sister and brother. One of these, taken

with her sister Alice, recalled the first quarrel she had had with her sister, who did not wish to have the picture taken. "There was lots of crying and carrying on. . . . This was also the first year that I went to department stores shopping with my mother. That was the year mother started having me become "clothes conscious." I had to pick out colors and clothes that I wanted, with socks to match. Mom trained us at an early age, that's why we are fairly good dressers today.

"At five and a half," Harriet continued, "I became very unhappy. I used to have bad dreams at night. There was a decided change in me. I was very upset. I don't remember what the dreams were about. Mom had spoken to the [foundling] home about it. They said it was just childish temper. They threatened to take me away from Mom if there were further difficulties. I was taken to see a doctor. The nightmares kept up until I was eight years old and then they stopped completely. I was always happy in the daytime, even if I had bad dreams at night.

"Then at six years, I went to kindergarten. I always drew," she explained. "People liked my pictures. All of a sudden my eyes got bad that first year at school. I woke up with terrible sores. My mother had to open my eyes. I went to a specialist. He said there was carotene lacking, due to poor feeding at the foundling home. I wore thick glasses. I became extremely irritable and nervous. I was afraid I would lose my eyesight. Then it became difficult for me to hear, as well as see. My ears were tested. There was a slight defect, nothing serious. I guess it was a neurosis. My eyes improved as I got better food."

At six years of age, when Harriet saw her older brother for the first time, she said she became frightened, fearing he had come to take her from the foster home. And she remembered becoming hysterical. "The doctor advised that I shouldn't see him again, since I was a very sensitive child. I've not seen my older brother since then. He has a family — twins. I think I'd like to go and see him soon. He has sent me letters here. That's the only time I ever became hysterical."

At the conclusion of this session when Harriet gave the worker all these snapshots of herself, she said that she would now start collecting others that related to the ages from eight to twelve. Then she added, quite spontaneously, "You know, I appreciate the way you let me work things out for myself. Like with these photographs. When I collect them at home, then I think over what happened at that time, when I was little. You don't try to tell me what things mean. I appreciate that. I like to be independent and work things out for myself. . . . Even though it's sometimes difficult and tiring to go back and remember what happened to me through the pictures, still I feel it's helping me to understand myself. . . . I hope you don't mind that I took so long over bringing you the snapshots. I couldn't do more at a time."

Harriet was assured that what she had accomplished in recalling so many childhood memories was worth the time spent on them. She was also reminded that what was accomplished in getting to understand herself better could not be measured by the exact amount of time spent either at home or in the art sessions over a problem. What mattered was that she was making an effort and gaining self-understanding. Much ground had been covered in a relatively short time.

She was warned not to become discouraged if other periods again became more difficult because she felt blocked temporarily from expressing herself.

THIRD PHASE: Expression of Experiences of Dissociation

"The Story of Scotch and Soda"

A group of five designs that expressed aspects of the patient's experiences during states of dissociation were produced in close succession. The first of these appeared the week after she had created "My Impression of the Ballad of Reading Gaol." Harriet brought the finished painting to the studio and called it "The Story of Scotch and Soda" (Figure 12). As the title suggests, this design was meant to show the changing moods through which she passed while drinking. Pointing to the large white face with the black and yellow lips, she explained, "That's me. If I were drinking I would get into this mood. First my eyes would tear," and she pointed to the brown drops falling from the eyes. "That was the effect of the liquor itself. Then all that is realistic becomes very hazy."



Fig. 12. "The Story of Scotch and Soda": The Patient's Recognition of Her own Dissociation. Color plate facing page 88.

"Those white wings, to the right of the face, they represent flying away — the sense of being swept off my feet. I've gotten that feeling from liquor." (Harriet also wrote a poem about drink in which she says, "It was as if it lifted me on wings.")

"The light yellow, pale green, and blue masses of color that surround the bottle represent a state of complete happiness," she continued. "The bottle represents more liquor." She then described the mingled colors of yellow blotches and green spots in the lower center of the design, as representing more snatches of happiness. The deep purple on the base line, center, she said "represents love and a desire for more drink." The blue in the left-hand corner she explained as the purple changing into sadness. The mass of green, surrounding the chin and left side of the face, were then described by Harriet as "changing into nothingness,

not being able to think at all. The mixed color, greenish brown, below the purple heart shape," she explained, "represents a number of feelings of both sadness and happiness. So you feel almost numb." The black outlines in the picture are used to divide the moods. "The rust color surrounding the heart on the left, shows my brain getting numb from the effects of liquor. The purple heart represents passion for sex. The yellow around the heart represents friendly affection. This changes for love-making to the clear purple heart." This was the only time that Harriet referred to love-making and passion in her pictures. It is therefore suggestive of a possible sexual trauma related to the periods of amnesia in the unaccounted for absences from home; some of which are known to have been with men. Verification of the relation of this picture to such a traumatic sexual experience was obtained two months later. It was this event which made her fear the loss of her virginity, an eventuality which she had previously symbolized in the bleeding flower of the "Fears of the Unseen and the Unknown." (Figure 10)

"The large eye," (upper left) continued Harriet, "represents the eye of my mind, trying to get hold of myself, trying to pull me together, but it didn't succeed. Then, that solid blue in the corner above the eye and right above my head, that's when complete clearness came. I could see all the people around me and everything else. This moon represents the night. It all happened at night, so I wanted to get that in. That long strip of purple below the moon, that's when I went cold."

The particular experience which was used for this painting, had occurred, Harriet explained, some time ago. She had not drunk much since she had been at the hospital. (Two months later the actual episode was described to the worker.)

In the guise of recapturing the moods of her intoxication, Harriet had expressed far more than the influence of alcohol upon her. For, through the symbols of her design, she had succeeded in evoking a deeper state of dissociation than any induced by liquor. For in this pattern of moving color, the embodied ego watches, in the eye symbol, the other self in its masklike form move into outer space until it loses all contact with reality.

As Harriet described how through "the eye of her mind" she was trying without success to get hold of herself, she was really explaining the nature of her struggle to overcome the cleavage in her personality as expressed in her psychosis. In the symbolism of this design, as well as in her interpretation of its meaning, the patient succeeded in giving powerful expression to the shattering effect of the schizophrenic split on the human psyche.

In making this picture, Harriet has drawn close to the actual state of her own dissociation. She did not as yet dare to identify this experience with her illness, but in creating her next design, she began to face the nature of the schizophrenic split in herself.

"The Tombstone and the Face"

This painting of "The Tombstone and the Face," (Figure 13), followed within two days of the previous design. In the midst of masses of moving color, giving the impression of cataclysmic upheavals, two distinct forms emerge, a

white tombstone and a strange white face. Black outlines of mouths are scattered over the waves of color in the painting. This design and the one that preceded it, which is not reproduced, were first described by Harriet as "pictures of the conference, when some students asked me questions."

These students, according to the patient, had questioned her specifically as to what had taken place when she spent time away from home with various men. Her evident inability to remember any of these experiences had thrown the patient into a panic, and as her explanation of both pictures will show, she had apparently relieved her anxiety by projecting the pattern of her dissociation into waves of broken color.

In discussing the first of these two paintings, the one which is not shown, she said, "In looking at this picture, start with the mouth. I really and truly can't give you any information; it's a picture of the interview with Dr. F. and the medical students. I just couldn't wait until I could get away and do this picture; I wanted all the colors to run off the page. The only things that I can explain are the lips that represent the conference." (She later explained that lips in her designs either represent herself or others speaking.) "The eye," she added, "represents me."

In discussing the next picture of dissociation, "The Tombstone and the Face," Harriet began by saying, "This is also a picture of the conference. I don't know what this picture means. I don't know what the colors mean. The only thing I can remember about that night is that the fellow I was with said, looking at the stones in a graveyard in Greenwich Village (evidently reading from a stone that Harriet described as very old) 'Here lies one who has died, but whos [whose] body wanders the earth.' That was written on one of the stones and I have put those words on the gravestone in this picture. The date I put in is my date of birth, 1927 to 194—. I don't know what possessed me, but I did it."

In response to a query about the face in the painting, Harriet said, "I don't know what this face means. It's a man's face. It's possible that this was the face of the man I was with. I don't know."

At the next art session, the girl reported that over the week end she had been to Greenwich Village to search for the tombstone with that strange inscription. She said she had failed to find it. "As I walked around in the graveyards, the words stayed in my mind. I heard it over and over in my head: 'Here lies one who has died, but his body wanders the earth.'"

It was suggested to Harriet that success in locating the actual tombstone was not so important as understanding why she had selected that inscription to place on the stone in her own picture. It must surely mean something to her personally.

"Yes, I guess so. Perhaps the meaning it had was that my own soul or mind had wandered and that my mind had lost connection with my body. That my body wandered on because my mind was dead." She groped for the exact words as she spoke, and appeared somewhat doubtful whether she had really said anything which made sense. She was given assurance that she had accurately interpreted the symbol of the tombstone and its inscription and that she had taken an important step in self-understanding in facing and formulating her realization of her own divided state.



Fig. 13. The Tombstone and the Face.



Fig. 14. State of Dissociation.

"Those words on the tombstone clicked with something in myself," she continued. "I can't say that it's exactly the words that were there on the actual stone. Since I took the meaning personally, the words might have changed."

She was told that the importance of the inscription lay not in its accuracy, but in its significance to her. Since she had succeeded in understanding this correctly, she was told that the painting had certainly served as a means of increasing her self-knowledge.

During the following art session Harriet made another painting of waves of broken color. This design, (Figure 14), which she made no attempt to explain, was evidently the next in her sequential expression of her experience of dissociation. As the girl began this painting, she seemed to know exactly what colors she intended to use; they included two shades of blue, red, green, orange, magenta, purple, black, and white. On this occasion the patient seemed in a more relaxed state and selected her colors with care and precision. When the picture was three quarters painted, she commented, "You know, I haven't the slightest idea what I'm doing."

As Harriet completed this design, she observed that this color scheme was quite different from any that she had so far chosen to use. She then sat down in a chair to gaze at her painting. "I want," she said, "to study it so that I remember it. Then maybe I can get what it means, when I think about it."

In these three paintings (Figures 12, 13, 14), Harriet had now found the courage to penetrate into the actual experience of dissociation and to project it vividly into these abstract designs. In the first one she disguised the expression of dissociation and limited it to the experience of drinking, and in the second she went so far as to create an image which expressed the terrible truth that she wandered the earth like a body without a mind. In the third picture, the new color scheme of explosive color seemed to complete the release of the long repressed anxiety concerning this split in her psyche.

Since the girl had shown a growing insight into her condition of dissociation and now dared to project it so truly in her symbolic design, an attempt was made to discuss with her the inception of her illness. She knew that it was not of recent date. "It didn't happen suddenly," she said. "I felt ill for a number of years. As if I weren't me, as if I were going crazy. Something would click inside of me as if I wasn't like anybody else. And then the way I suddenly jumped from that state back to feeling like everybody else — that's what upset me so much."

In these words, Harriet had been able to state clearly how the moments of feeling split off from her actual bodily self caused a sense of strangeness and anxiety. And how the return to a more normal state, when the dissociation ceased to function, was also, by contrast, a source of disturbance to her. She also expressed this sense of split in her personality in the title "Between Two Worlds," which she gave to one of her designs.

The girl was assured that despite some periods of resistance and evasion, she had made steady progress in projecting her problems into pictures, and that she showed improvement in her ability to vocalize her conflicts and her fears.

Harriet responded by saying she was glad to hear words of approval because she had been troubled by feeling that she had been able to accomplish so little during the art sessions. "You have done so much with me, and given so much time, and I felt that I wasn't able to do almost anything. You make me feel better. I feel much happier now."

When the patient had completed her third painting of dissociation, she was again shown her previous picture of "The Tombstone and the Face." As she looked at it, she declared that her mind was now a blank and all that she could do was to repeat her previous comment that the face probably represented the man she had been with on that night in Greenwich Village. As soon as she had denied having any further recollections, she was able to give her friend's name as Charles, and explain that he was a young lawyer, whose home was in Oregon. She then remembered that she had met him through the girl friend with whom she was living at this time. She went to supper with Charles somewhere in the Village, but she could remember no details of that evening. She recalled Charles as a charming and debonair person. Harriet added that she had just received a letter from him on the previous day. (This had probably helped to stir up her recollections.)

When asked whether she had ever tried to check up on the forgotten events of the evening she had spent with this young man, Harriet said that she had written to both Charles and to the girl friend for information, but both of them had apparently evaded her request and given no direct reply to her questions. Charles had only said, "What fun we had that night"; and the girl friend had promised to tell more when Harriet left the hospital.

The Patient Continues to Recall Aspects of the Traumatic Experience with Charles

The patient was told that the recall of such forgotten memories might be of value in helping to speed up her recovery and she was urged to continue her efforts to recapture more of her various experiences when she was away from home. In response to these remarks, the girl offered to show her letters from Charles to the worker. Although the traumatic events related to her meeting with Charles were eventually recalled, his letters were never produced. (Harriet's resistance to showing them to the worker was later found to be associated with the mother's continued prying into the patient's correspondence with Charles and her other men friends.)

The girl now remembers that in reply to the letter from Charles, she had told him that she was in this hospital following a nervous breakdown, and that he had answered that he knew about the place. Harriet was now able to recall that during the time she spent with Charles, he had taken her to visit a court house for the first time. She then expressed considerable anxiety at her inability to remember anything else. "But I feel sure," she added, "that I didn't do anything bad, anything that I should not have done."

Assurance was given her that she need have no concern about the worker's response to whatever she might later recall, as it would not be judged by the conventional standards of her home environment. The girl was reminded that



Plate V. "The Story of Scotch and Soda"

the actual events that may have been taken place while she was with Charles, were not as important to her recovery as her genuine expression of her emotions about the entire experience.

As the patient later succeeded in recovering some of these memories concerning the thirty-two hours spent with Charles, she was reminded that she had gone through a similar process in the recall of early childhood experiences. Generally such recollections had disturbed her, but when released and their full significance grasped, she had repeatedly begun to feel better. To this explanation of how the projection of memories and fears into her pictures would help to relieve her anxiety, Harriet replied, "Yes, I know. I don't feel frightened anymore the way I did."

FOURTH PHASE: Pictures Dealing with Recovery; Transference Symbolized

As Harriet's condition improved, she now became impatient at remaining confined in the hospital. Her attitude to the other patients grew critical, and she talked constantly in the art sessions, as well as on the ward, of her wish to go home. She had been hospitalized five months, having had four months of art work, when she was informed that she would be able to return to her family sometime in the spring.

With the termination of the patient's hospitalization now not far distant, there was still considerable information about the girl's personal life to be obtained. Since evasive tactics recurred whenever disturbing emotional experiences were uncovered, it became necessary to use a certain consistent pressure in order to obtain from Harriet the rest of the data concerning her traumatic experience with Charles.

Questioned as to how she was now resting at night, Harriet said that she was sleeping soundly and had no more bad dreams. (Dreams had always been associated in the girl's mind, since childhood, with nightmares, and no attempt had been made in the art sessions to deal with any dreams except those that she produced as preventing her sleep. In the patient's vocabulary the term dream was, from its context, often found to be interchangeable with the terms "day-dream" and "fantasy.")

In referring to her happiness at her improvement, Harriet now said, "I'm grateful to you, and I told Mom I gave you full credit." Following this comment, the patient proceeded to symbolize the role of the worker in her next two pictures.

"The Tree of My Illness and My Hand Reaching Out for the Way to Get Well"

The girl now seemed eager to cooperate on recovering repressed and forgotten memories and proposed the creation of a new cycle of pictures to deal with the diminution of her illness and the aspects of her return to health. The first picture of this series, which she brought to the studio, she described as "The Tree of My Illness and My Hand Reaching Out for the Way to Get Well," (Figure 15). In making this design, Harriet said that she felt she was beginning

a new set of designs that were to be entirely different from anything that she had made so far. Again and again, during the week that preceded the creation of these chalk drawings, the girl emphasized her feeling of recovery.

When Harriet brought her incomplete design of this tree of her illness to the studio, she began to explain its meaning. (Here again, as in previous explanations of her symbolic designs, the patient's comments have been condensed and some of the questions that led to these explanations have been omitted.) "This picture is my struggle; what I'm fighting against. The tree and its branches are part of my problem that I understand, the illness from which I am recovering. My problems haven't cleared up altogether. I just understand them. The blood-stains on the branches stand for sex, that part of my problem which has cleared up. The color on them is different now. I have no fear of the problem. The hands and the face [on the hand] is me, and the green around the hand is the contact which I've had with you. The light shades (she pointed to the brighter background, to the left of the design behind the hand), stand for what we've uncovered.

"The idea is to push everything (she pointed to the dark gray area surrounding the tree which stands for the enveloping illness) back here." Then pointing to the left of her design, she explained, "Oh, the pale green and the violet [showing behind the hand] must spread over there to the right, where it's gray."

Asked to explain further about the green outline around the hand, which she added after first showing the worker the unfinished picture, she said, "That is you and your influence. I always feel it is quietness. Between the green above in the background which is you, there are violets that stand for the harsher way of others, but they have all helped towards my getting well."

Asked to explain the meaning of the face upon the hand, she said, "Yes, everyone who comes into a hospital tries to grasp the meaning of their ills so as to get well. That is represented by the hand reaching out. But when I put my own eyes and mouth on the hand, it's *my* hand, my own means of gaining health."

After completing her explanation of this picture, Harriet stated that over the week end at home, she had been thinking over the stages of her improvement and this was how she described the changes that had taken place: "My mother relation has no longer any conflict or strain in it. I really enjoy being with my mother and planning to do things with her now. Mother's different, too; she says she, too, has learned. (The mother had been responsive to the social worker's advice in handling the patient.) She trusts me now. (But this attitude of her foster mother was only temporary.) About sex, I don't fear it as abnormal now. I now feel that I can do things without straining myself. I don't try to escape any longer. Being tired is now just a physical tiredness and not an escaping from myself."

In relation to her creative expression, Harriet said that she no longer found it necessary to be "literary" in making pictures, as in her previous use of poems by Millay and Wilde. "I want to bring you some of my recent writing, because,"

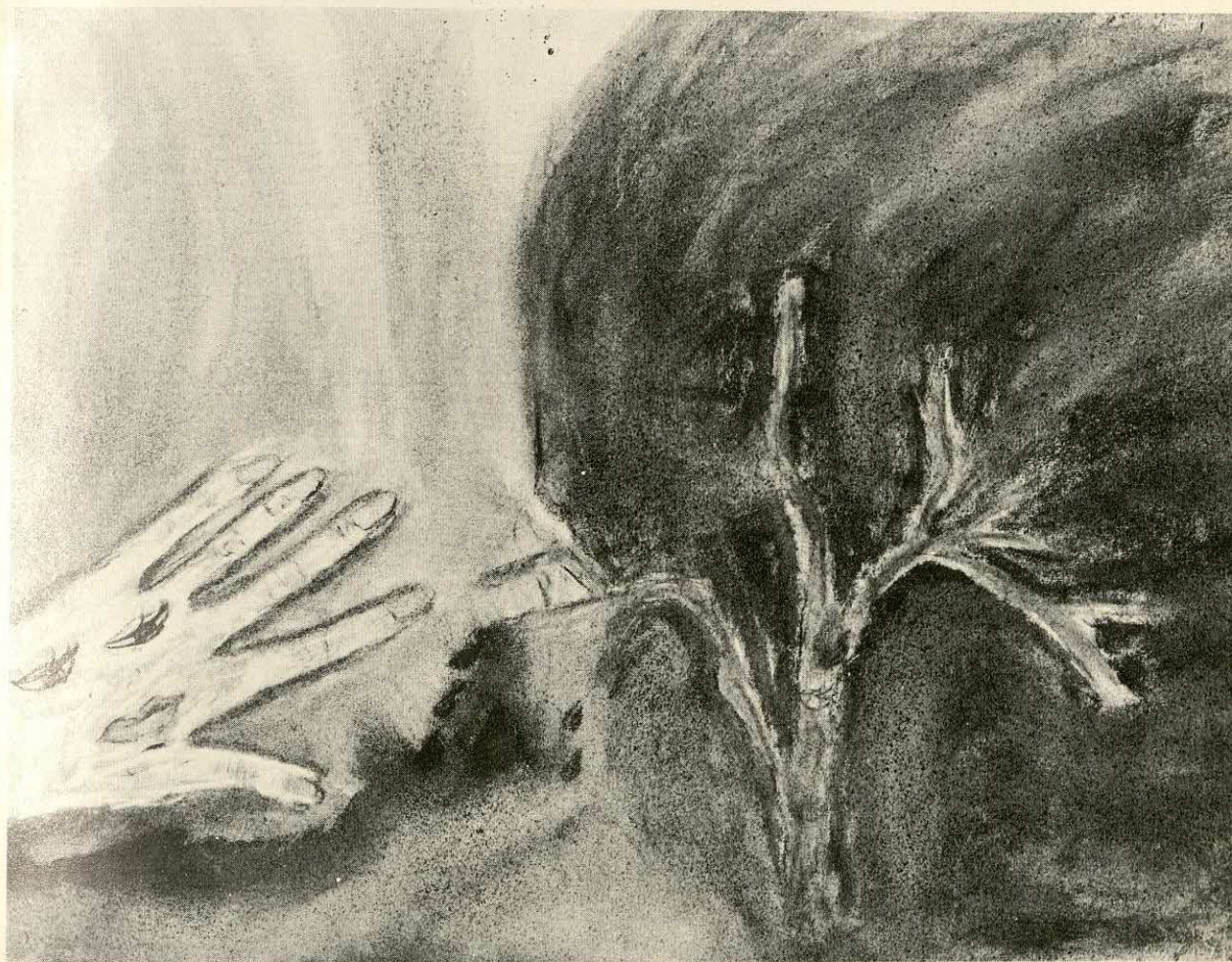


Fig. 15. "The Tree of My Illness and My Hand Reaching Out for the Way to Get Well."

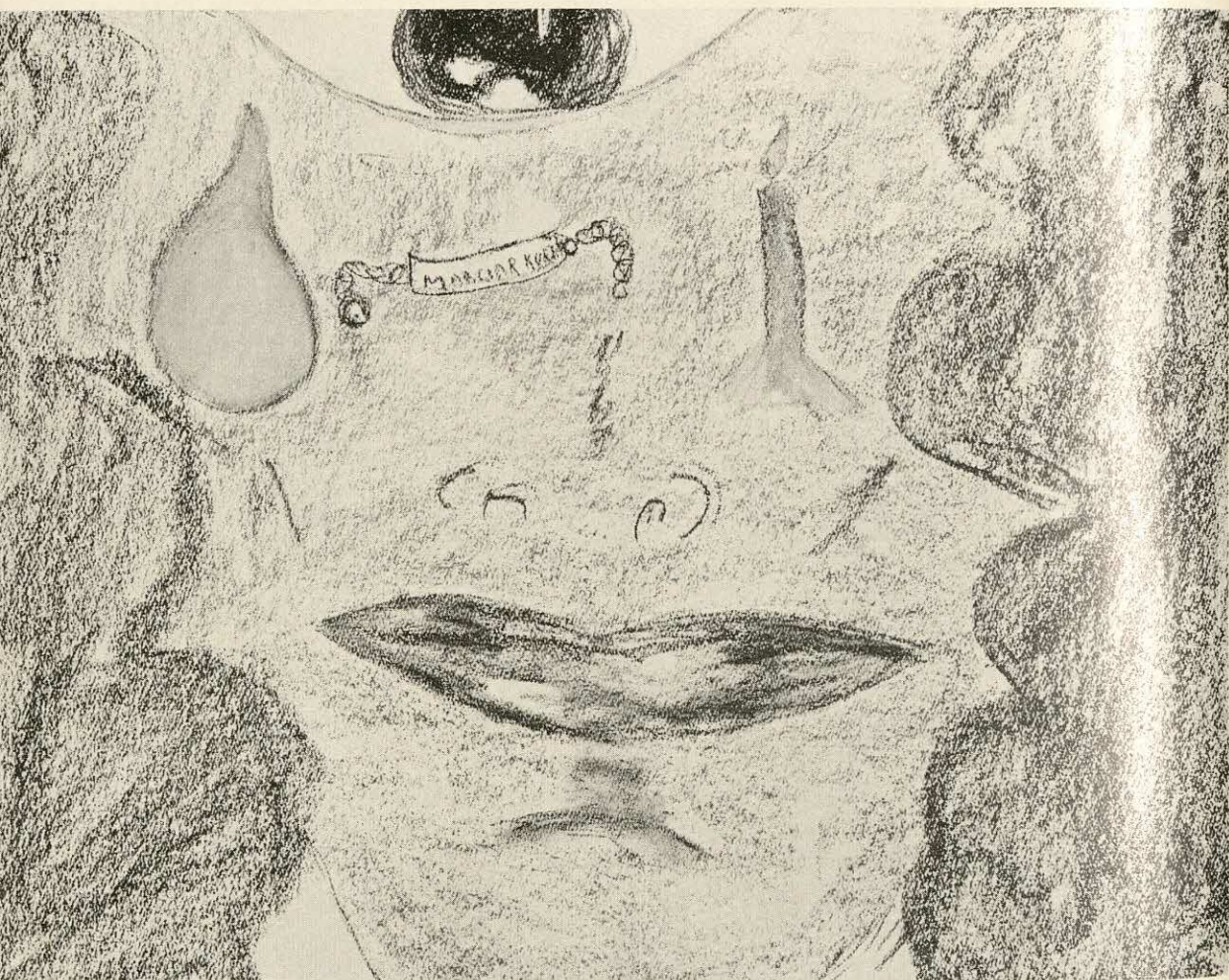


Fig. 16. The Receding Face of Her Illness.

she explained, "you'll see then that it, too, is no longer literary. I am now expressing myself." But these poems were not given to the worker until two months later.

"The Receding Face of Her Illness"

The second design concerning Harriet's recovery was drawn in the studio on the day when she first brought in her unfinished design for "The Tree of My Illness." This drawing, "The Receding Face of Her Illness," (Figure 16), contains a huge blue face, surrounded by masses of brown hair. In the center of the forehead is a cyclopean eye and a large pink teardrop falls upon the cheek.

Harriet's first comment on completing her picture was, "I don't know what this means." When urged to consider the different parts of her drawing, she said, "The face is not my face. It has something to do with the hospital. The brown on both sides of the face (she pointed to the hair) is the hospital. It's not so dark as on the other picture." By this comment, the girl meant to imply that the mass of heavy grayness which had enveloped the tree of her illness, was growing less in this picture. When Harriet was asked the meaning of this face in relation to herself, she insisted, for a second time, that the face was not her own. To prove her point, she said, "Look at the identification bracelet on which I have my name (this was drawn across the upper part of the face and was exactly like the one that the patient always wore), the bracelet is loose." By her explanation, the patient meant to convey that the bracelet which clearly symbolized herself, was no longer attached to the face, and that therefore the face was not her own. In the language of the unconscious the patient had thus symbolized her own release from the blue face of her illness.

Within the large face, Harriet had drawn a lighted orange candle. When asked its meaning, she said, "The candle represents light; it stands for improvement in my illness." In contrast to this burning candle, it may be recalled that in an earlier design of "Temptation: the Gambler," (Figure 7), Harriet had placed an unlit dark green candle between the eyes of the gambler. Whereas the unlit candle in the first picture was related to images of escape from her conflicts, in the second, the burning candle was related to the girl's recovery from her illness.

Two Pictures that Review the Patient's Illness

Harriet now produced two pictures in which she reviewed what she felt she had gained in the way of insight and understanding through the art sessions. It is interesting to note that five weeks earlier she had made an unsuccessful attempt to represent the same idea in an oil painting of uneven masses of flowing color; this design had contained some scarcely discernable faces. "I feel," she had then remarked, "as though this painting was a picture of my whole illness. Different stages of my insanity." But she was unable at that time to give any clear interpretation as to its meaning. (This was the only occasion when the girl used the term "insanity.")

When Harriet finally projected two designs about the stages of her recovery from early childhood to the present time, she was able to describe what each

symbol meant to her. The first of these pictures she did not finish because she felt that the second one expressed the idea more clearly.

"Aspects of Significant Phases of the Girl's Life up to the Present"

The first picture, which she never completed, is a small water color representing "Aspects of Significant Phases of the Girl's Life Up to the Present: A Dream, Picture Unfinished" (Figure 17); it shows three heads of the patient at different stages of her growth and development. On the left side is a small child's head set above the head of an older girl; to the right is painted a larger head of an adolescent girl, representing Harriet as she is today. The patient said that this painting showed various aspects of her illness and included her early childhood memories; it also expressed her more recent awareness of her immediate problem, which she admitted that she did not fully understand.

"We took the problem as a whole at first in the earlier pictures," she explained. "Now I begin to break it down into individual groups. Here, the small back of a child's head represents childhood's persecution (she meant the hurts and fears she had then experienced). This is me; this is the *split personality* from childhood to maturity. But it is disappearing." (This is the only time the patient used the term "split personality," but her pictures symbolize her comprehension of its meaning.)

Harriet then pointed to the second head to the left. "That's myself, with one half of the face showing, the other part still covered. What's covered is the part of myself that I don't yet understand. And this central reddish-brown and blue part of the picture is what I don't yet understand, but I know it's there to be worked with."

The smaller eye above the head of the small child was described by the patient as "childhood's eye." Of the larger eye in the center of the design, Harriet said, "This is you and you are watching me here, helping to complete understanding."

"The larger head at the right is me today," continued Harriet. She then explained how, in this third head, she had also exposed only half her face. "Where the face shows," she said, "it expresses the problems I thoroughly understand; while the mass of hair covering the other side of my face means that these problems are not yet cleared up."

Harriet then pointed to the symbolic significance of the different colors that she had used in the uncovered half of her face. "The white color on the forehead," she said, "stand for my mother's relationship with me, the new understanding. That pinkish part (which marks where the clear features are divided off from the covered part of the head), is my relation with the family, which is much improved. The purple around the face is my understanding of sex. The reddish mass (which is painted like hair to cover the right side of the face), that's the loneliness I've felt and which still exists; this red drips into the blue below it. The blue is this new peace that I feel now, all during this last month."

When Harriet had completed this explanation of her design, she said again,



Fig. 17. Aspects of Significant Phases of the Girl's Life up to the Present:
A Dream, Picture Unfinished.

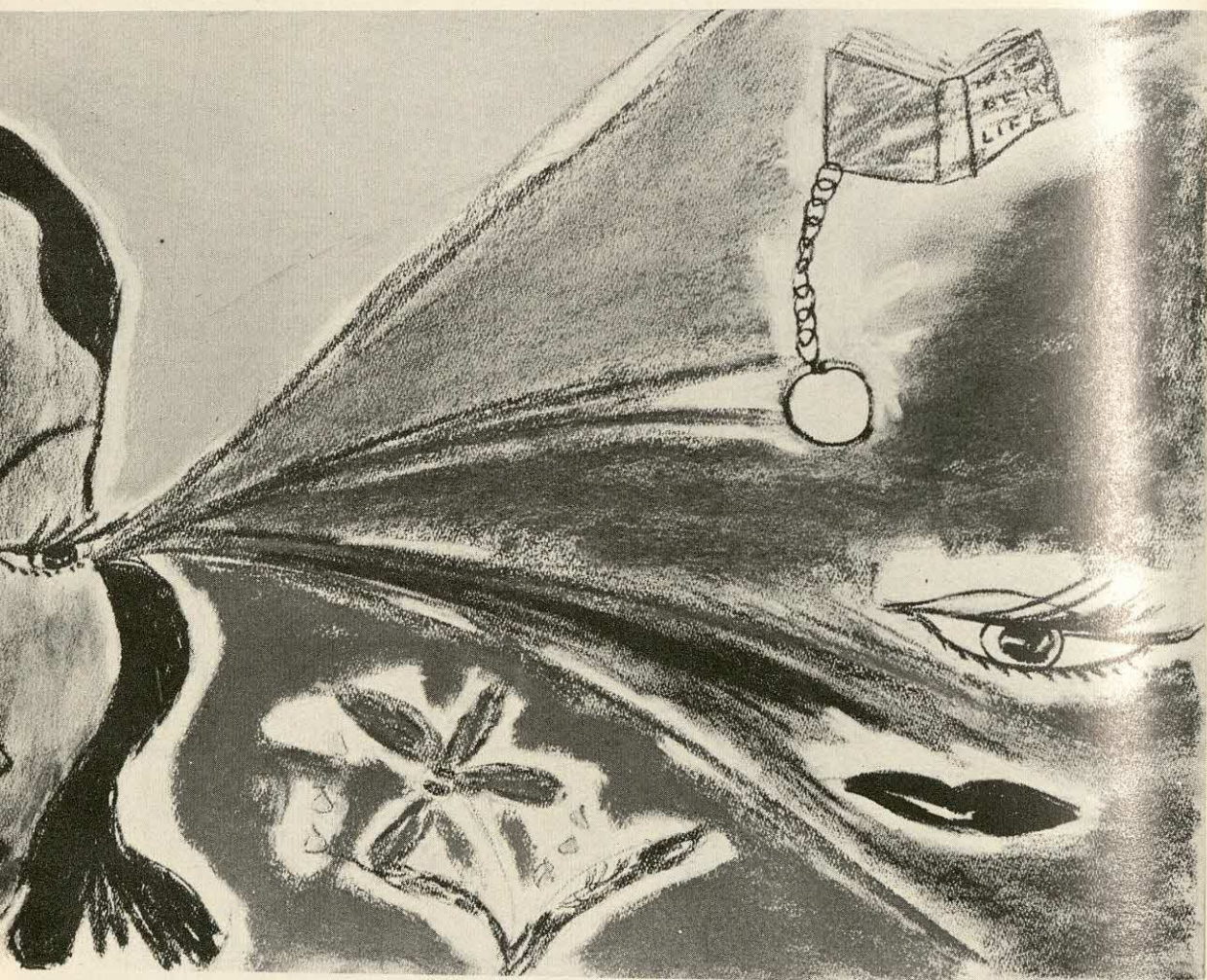


Fig. 18. A Second Review of Insight Gained by the Patient in the Art Sessions.

"I feel that I'm at the beginning of a new cycle of pictures. I'm ready to work hard these next two weeks and I feel I can accomplish a great deal. I want to ask you, please, to urge me on, now, if I should hold back. This time I feel ready to do more. Sometimes in the past, when I didn't work steadily, I felt I had to wait until the whole thing was ready. I have a plan now for the next picture, after I finish this one; although I don't know exactly what's coming.

"Mother wanted me to do more work for you over the week end, but I explained to her that you didn't measure my work by how many pictures I made. I told her that you were working with me to understand myself better for later on.

"You know," concluded Harriet, "this is the first time that I've put you into any of my pictures. I was always aware of your influence, but now the feeling about you has reached my unconscious so it comes out in pictures."

"A Second Review of Insight Gained by the Patient in the Art Sessions"

At the next art session, Harriet brought with her a large chalk drawing which consisted of "A Second Review of Insight Gained by the Patient in the Art Sessions," (Figure 18). Harriet as an adolescent is shown with half of her features veiled. The girl declared that this design repeated the theme of her previous picture, but expressed the idea more clearly; here is but one large head of the patient, showing her as an adolescent girl with only one side of her face visible. The expression of what Harriet feels that she has achieved is symbolized in the colored rays that project from her single visible eye. This is how the girl interpreted her picture: "The black strip of hair which covers half my face, that's my immaturity. You notice how the hair is receding from the face? It's me. Those rays are all coming from the eye. It's the mind's eye and stands for my thinking capacity. The eye stands for what I see. The rays stand for different things. In the top red ray I see my past, my childhood; and I begin to collect the history of my life; that's in the book. The ball and chain is the lock on the book of my life, it's what we haven't uncovered yet. There are ten links in the chain, six of the links are missing now; they are shown in my other work as teardrops, identification bracelet, charms, and so forth." Asked whether she had made a list of all these other links, she replied, "No, we haven't uncovered them yet. The second ray (reddish purple), I see as my relationship with my mother which has cleared up," continued the patient. "The large eye in that ray stands for the hospital which was the guide to my relationship with my mother.

"The blue ray, which follows, was connected with sex. You see how calm and clear that ray is; that's important. The mouth on that ray is you. You alone helped me as far as the sex problem is concerned."

Harriet then pointed to a four-petaled flower of mingled blue and violet at the base of her design; its background was dusky rose color. She said, "This is the flower of health that we succeeded in accomplishing for the first time. And these," pointing to the golden drops falling from the flower, "are tears of joy at my recovery." Emphasizing the dull rose ground, she added, "This is the calm before the storm of getting well. I know that."

This blue and violet, four-petaled flower is comparable in both pattern and import to another flower form drawn by the patient two months before in "Fears of the Unseen and the Unknown," (Figure 10). In both pictures four-petaled blossoms symbolize the girl's sex problem. In the first design, red blood drops fall from a red and green flower. "It represents," Harriet said, "the fear of having my virginity broken." In the second picture, a blue and violet flower with golden teardrops, the image was explained as the flower of her health, shedding tears of joy at her recovery.

Harriet showed no conscious awareness of the sequential relation between her first and second flower symbols, which had been produced eight weeks apart; her selection therefore of this universal feminine symbol, to stand in her first flower pattern for anxiety in relation to defloration, and in the second, for sexual security based on self-knowledge, is of special interest. (The word defloration has the same root as the flower symbol.) Harriet's art expression often functioned dramatically as symbolic speech; sometimes the picture presented her problem and its resolution, *before* the girl was aware of what she had produced. On other occasions Harriet seemed to make her pictures *afterwards*, in order to express the synthesis of an insight gained, as in the case of this portrait of herself with face half veiled.

The patient's final comment on this design was: "That bright orange over the head, that's reason pushing forward. That's what *I've* done to get well. That's me and there you have it."

Harriet then offered this summary of the meaning of her last two designs: "These two pictures give the history of my life. From now on I'm going to start working on all my childhood fears and memories up to the present time, until I knew I was ill. Up to this time, the pictures have just been recent experience. Now I have the courage and strength to work beyond that point. I'm not afraid to look back."

The Patient's Estimate of the Therapeutic Value of the Art Sessions

These spontaneous remarks give some measure of the patient's estimate of her own improvement; they show that the girl had begun to feel liberated from her childhood and adolescent anxieties. In the next phase of her art expression she was able to bring through memories of adolescence that connect with the onset of her illness.

As the patient produced this series of designs dealing with her recovery she began to include the worker in the therapeutic process; Harriet did this in two ways — either by representing her symbolically in a design, or by describing the worker and herself as combined in the term "we."

Harriet had begun, as early as the tenth week of the art sessions, to refer to the process of recovery as something which was being achieved by the combined efforts of the worker and herself; three times she made use of the term "we" in order to describe the content of designs which dealt with her improved condition.

In the symbolic "Temptation: The Gambler" as Self Portrait, (Figure 7), the patient had used the term "we" for the first time. When asked how, in relation to the "Gambler" design, she might be able to work out her life, she had replied, "I am trying to find out what I am, in what way I am creative, and from there *we* can work out a life." And now twice more, while making the two pictures just described as representing her recovery, Harriet had again included the worker in the therapeutic process by using the term "we" in relation to the "Tree of My Illness" (Figure 15) and "A Second Review of Insight" (Figure 18).

As Harriet became more aware of the worker's role in assisting her recovery, she began, for the first time, to express this in her pictures in the painting of symbolic eyes, lips, and a green color around her own hand. Her explanation of this new element in her designs was: "I guess you've gotten into my unconscious."

This growth in the positive transference of the patient soon made it possible to discuss with her, in very simple terms, the nature of transference and the difference between the attitude of the worker and the foster mother towards the patient's behavior.

The girl had reached a point of integration where it was possible to obtain an explanation of her repetitive use of certain symbols; and she was now able, when questioned, to give precise and straightforward replies, whereas a month before she would have been incapable of making such generalizations. When asked to explain the way in which she made use of eyes in her designs, Harriet answered without hesitation, "When we see, we think. We have to see a conversation in our imagination, so that we'd think of an eye when we see. That's my sense of logic. When you understand things, you actually see them. So the hospital (represented by an eye in the last picture) stands for the eye of understanding. Psychiatry stands for that — it is understanding. . . . The meaning of the eye is seeing. I am seeing, or other people are seeing me. In each case the value is different."

This statement also explains the patient's use of an eye and lips in several pictures to represent the worker's role in helping the patient's recovery.

Harriet then proceeded, spontaneously, to interpret also the various ways in which she made use of the mouth as a symbol. "I use the mouth also in a great many different senses. The mouth is what you always speak with. And in seeing, you must also speak; to think you've got to actually speak with yourself at any rate, and that is what is always meant in all my things. The mouth is either what I say, or what people say to me — a conversation. It's very simple."

FIFTH PHASE: Pictures of Childhood and Adolescent Memories

"My First Memory Is Being Hurt"

Harriet persisted in her plan to review her life experiences in a series of pictures. In the next art session, she proposed for her first design to make use of her earliest memory at the age of three; apparently her previous verbalization of

this experience about her inability to speak had not yet freed her from this recollection. The girl named her picture "My First Memory Is Being Hurt," (Figure 19). She made it in the studio and explained, as she drew it, "The colors in the face (green, yellow, purple and red), stand for confusion. The broken heart stands for the hurt itself. The arrows (moving toward the heart) stand for the mental pain that I received through it."

This was the first design in which Harriet was able to identify herself consciously as owning the broken heart. In the two previous pictures that also contained broken hearts, the patient's comments left no doubt, however, that these hearts, as well as the other symbols, applied to herself. The drawings referred to are "Fragmented Features with a Broken Heart," (Figure 1), and "Temptation: The Gambler," (Figure 7).

In this picture of herself at three, the patient has repeated several symbols found in many of her earlier pictures; feathered arrows fly towards, or strike the broken heart, and teardrops fall from the child's eyes. Lightning-like lines, aimed at the child from three directions, emphasize the traumatic quality of this experience.

This drawing of Harriet's first hurt was made seven weeks after she had described the experience to the worker. This memory had originally been recalled in a period of depression when the patient had blocked in her speech with both the psychiatrist and the nurses; its recollection had marked the patient's first success in recovering childhood memories. The girl again referred to this painful experience when she began to assemble snapshots of her early years. This three-fold reproduction of an early trauma, twice verbally and then again pictorially, suggests the importance of pictorial projection as an adjunct to psychotherapy.

The Patient's Moods and Memories Inscribed in a Sketch Book

Harriet brought a sketch book to class in which, for several weeks, she continued to make drawings and water colors of her childhood and adolescent memories. The quality of the work varied; some were hasty sketches of vague recollections, others were experiments in the use of her new water colors. The first two designs dealt with memories of her sixth or seventh year; one showed Harriet as a worried child. "I was always worried," she said, "I never knew what it was about. For some reason, being worried, I was always very slow."

Harriet associated her next picture of three little girls, as related to an experience of jealousy; she was the child in the center of the sketch. "I was always a jealous child," she said. "I was always possessive. I was never jealous of my own family, only of the people who came to cocktail parties at our house. I wanted to possess the entire family." (Harriet's wish to possess her family, both the foster parents and her own brothers and sisters, and their children, was expressed near the end of the art sessions in a symbolic design of many heads in Figures 24 and 32.)

A study that followed showed what the girl called, "Death's Smile." Here again the patient's obsession about death was breaking through. Later, her preoccupation with death was found to be related to an as yet undisclosed traumatic

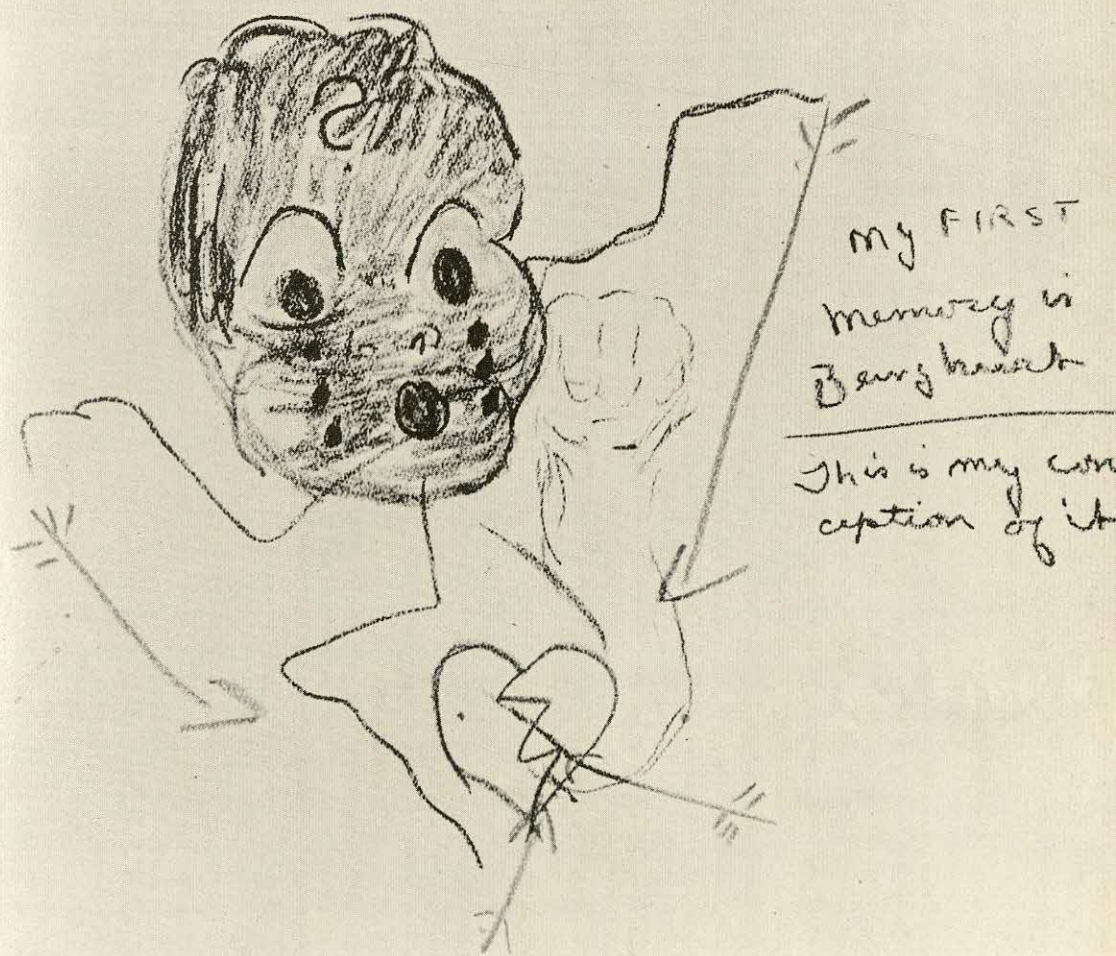


Fig. 19. "My First Memory Is Being Hurt," at Three Years of Age.

experience with her friend Charles. The way in which this head of death is drawn suggests two other designs that followed; its execution is similar to that of a water color of the foster mother (Figure 21), and its use of a draped headdress suggests the more completely developed composition of the twelve heads of "The Mourners," (Figure 24).

A study of "Three Stages of Life," although poorly drawn, may have some psychological significance as a commentary on her home environment; in the center is an adolescent girl (evidently herself), which she described as standing for the ignorance of youth; the head to the left (the grandmother's), stood for "the wisdom of old age," and the one to the right (the mother's), for "the skepticism of middle age."

The pattern of a sea horse in the sketch book was recognized as identical with one, drawn weeks before, to represent "fear of sex" in her picture of "Fears of the Unseen and the Unknown," (Figure 10). In response to questioning, the girl explained that her present painting was a replica of a sea horse on a beautiful jar that her foster father had brought back from Palestine when she was very young. The vase was still in the house.

A group of flower studies in water color showed the patient's new and more coordinated and realistic approach to her art expression. They were described by Harriet as studies of a group of imitation flowers and their broken container, which had thus lain on the floor at home. These flowers had also been in the family since her early childhood. The girl commented on her fondness for flowers since her early years. This experimental effort at painting flowers (even though imitation ones) was later brought to objective fulfillment in her final water colors of "Two Jars of Spring Flowers" (Figures 31a and 31b).

A Crisis with the Foster Mother Precipitates Three Pictures

Harriet had been so disturbed by a conflict with the foster mother during the week end that she failed to appear at the Monday art session. What had occurred was then told to the worker at the next contact with the patient. The foster mother had demanded that Harriet show her all the letters that she had received from her friend Charles. The girl had, however, refused to do so. This was the first occasion when she had defied the mother's invasion of her privacy. By the time that Harriet reported this episode in the studio, the girl seemed shattered and depressed. She was assured by the worker that she was justified in refusing to comply with the mother's demands. Before the patient left the room, her spirits had risen and she was able to say, with a renewal of confidence (referring to her resistance to the mother's domination), "Yes, it was a victory."

The worker had innocently precipitated this conflict between Harriet and the foster mother by reminding the patient with a post card, that she was not to forget to return to the hospital with Charles's letters. The foster mother, upon reading this reminder before Harriet reached home, telephoned to the worker, whom she did not know, and asked for more information about these letters. To cover what she recognized as unwarranted behavior, the mother had, it was



Fig. 20. "Study of a Girl with a Worried Look": A Self-Portrait.

later discovered, told Harriet the untruth that the worker had telephoned to her. Such dishonest behavior seemed to confirm the patient's various accusations against the mother's actions.

This crisis, as did other periods of acute disturbance (such as the interrogations by medical students), led to the release of significant material which had up to that time been repressed or withheld by the patient.

"Study of a Girl with a Worried Look"

Harriet brought to the studio a charcoal drawing that, as a reaction to the conflict with her foster mother, she had made on the previous Monday, when she avoided coming to the studio. She called it "Study of a Girl With a Worried Look," (Figure 20). "That book, to the left in this picture," she said, "is the book of my life. The back of it faces front; it hasn't opened yet. The large eye (to the left, not the eyes in the face) is the eye of my mind. The mouth (to the left, not in the face) is my mouth speaking it out more or less." (She later explained what it was that she had said in the argument with the foster mother over the letters that she had refused to show her).

"In the forehead of the girl's head," Harriet continued, as she interpreted this self-portrait, "is the date 1927; that's the date of my birth." This same date appeared in the other picture, "The Tombstone and the Face," (Figure 13), which also alluded to the traumatic experience with Charles that had, as yet, not been fully revealed. The patient pointed next to the heart in the center of the girl's forehead: "That's my heart, it's got to do with my worried look. The little girl's head to the right of the large one, that's my illness, my emotional upset."

In this second, smaller head, drawn to the right of the larger self-portrait, and described by the patient as a picture of her illness, is another symbol expressing the recurrence of the split in her psyche in consequence of the quarrel with the mother.

"Two Portraits of the Foster Parents"

Portraits of the foster parents were drawn by Harriet during the week end of the quarrel. The titles she gave to these pictures, as well as their penetrating characterization, project the dramatic intensity of the struggle with the foster mother, and the growing sympathy with the foster father. "Woman with a Suspicious Look," (Figure 21), expresses unequivocally the girl's resentment against the foster mother, while the "Man with a Questioning Look," (Figure 22), expresses her kindly response to the foster father. To interpret this sketch, Harriet said, "My father is always interested and asking questions of people, always searching for new books to read. You would like him. I've told him about you and he would like to come up some Friday to meet you when he calls for me."

Discussion of Transference with the Patient

As a result of the crisis at home with the foster mother, Harriet had avoided seeing the worker when she returned to the hospital. When she came to the next

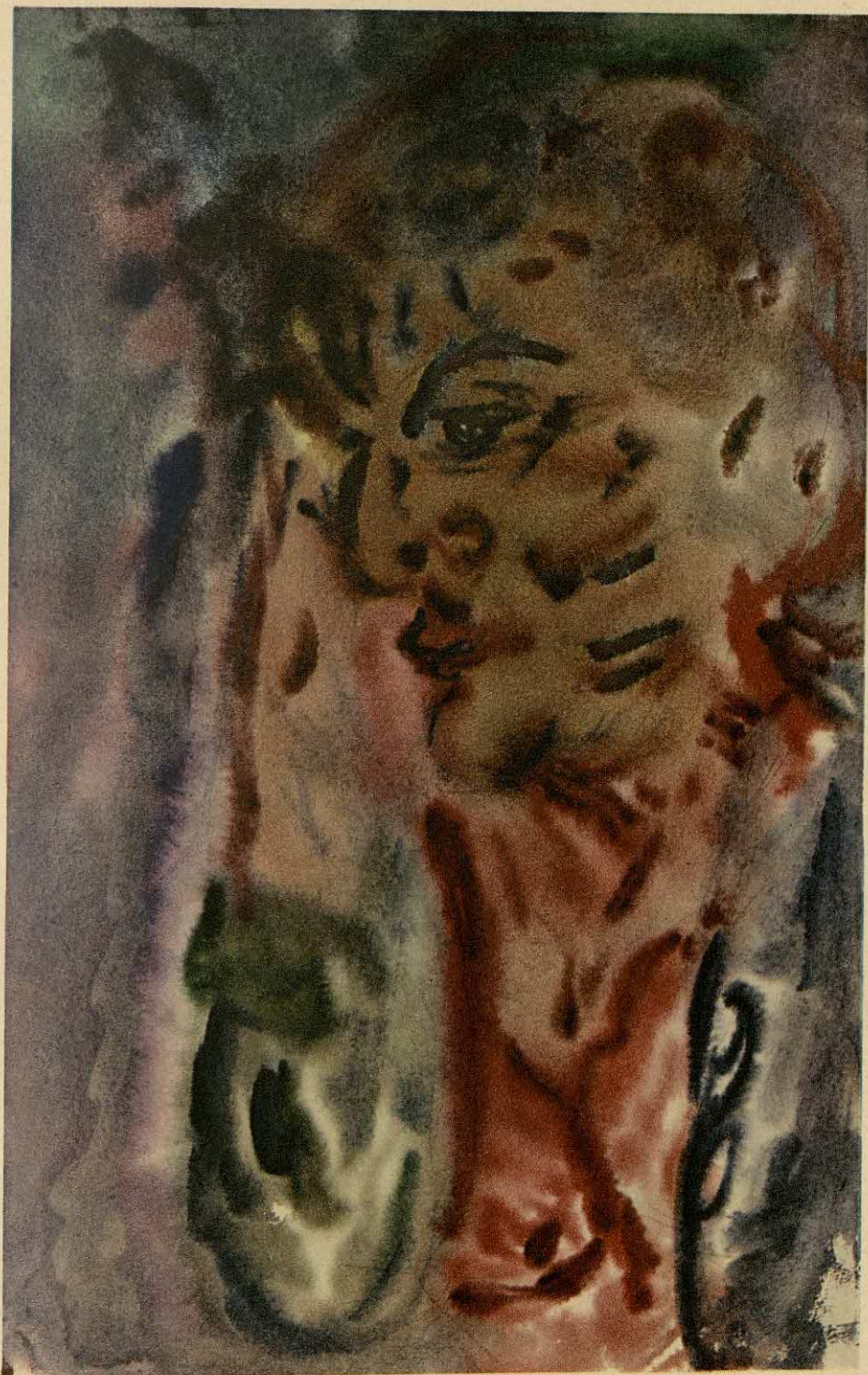
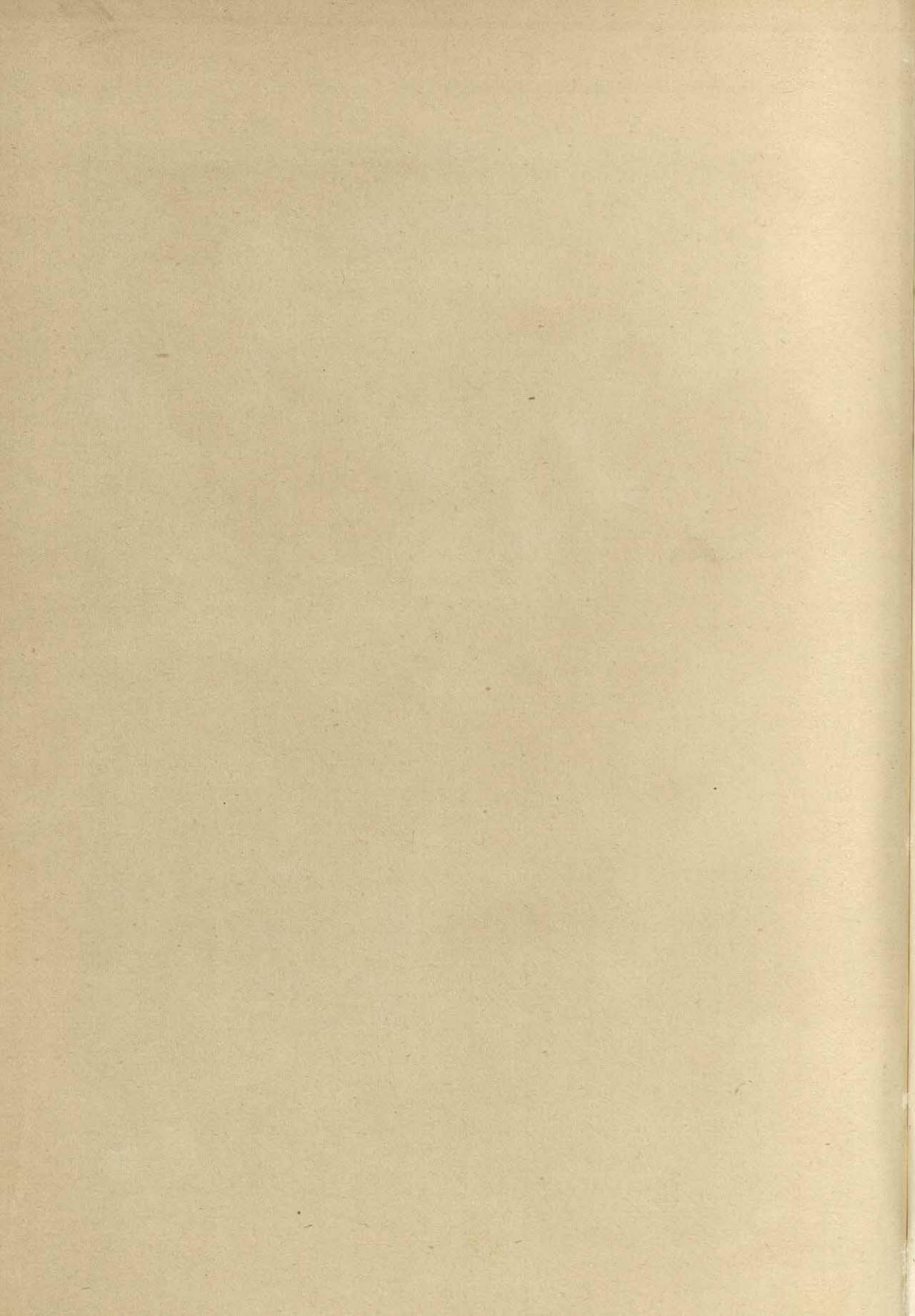


Plate VI. Self-Portrait During Her Illness : As She
Thought She Appeared to Others



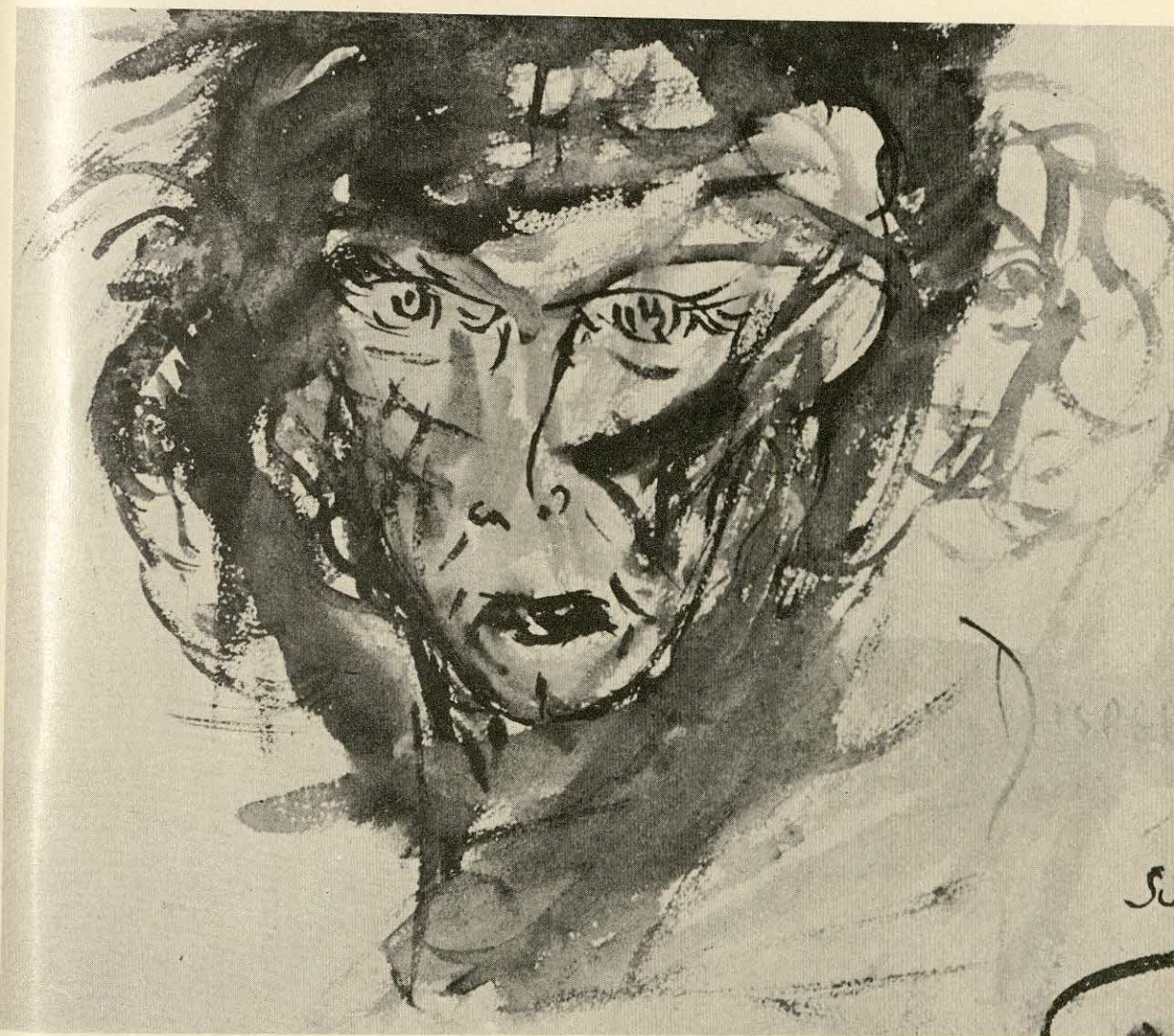


Fig. 21. "Study of a Woman with a Suspicious Look": The Foster Mother.

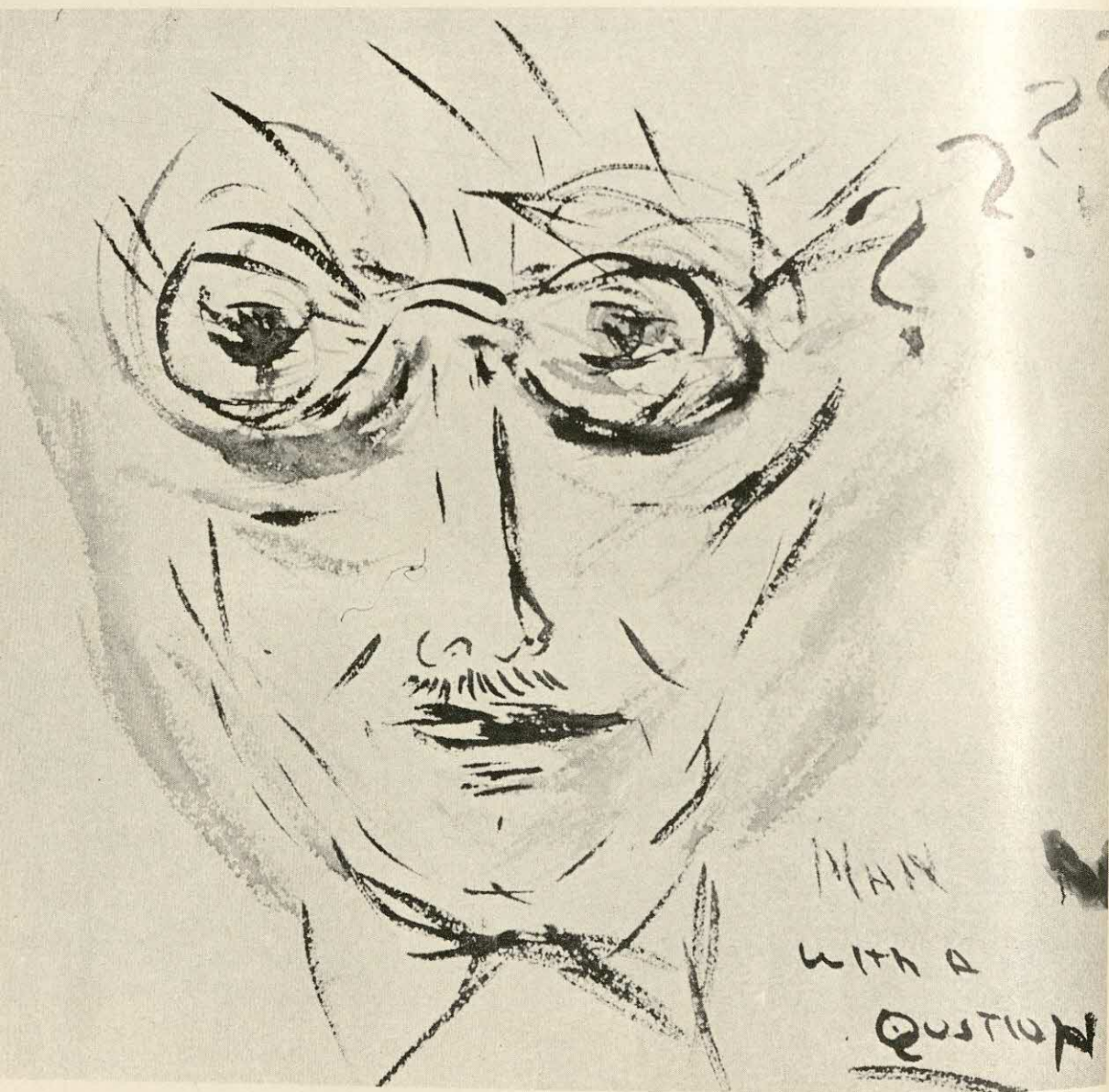


Fig. 22. "Study of a Man with a Questioning Look": The Foster Father.

art session, the girl had recovered her equilibrium sufficiently to explain her behavior in this way: "I was so upset that day I just couldn't control myself. It's only happened once before, as bad as that. I was afraid of two things with you; that you would disapprove of my behavior and that I might hurt your feelings. You see, I admire you very much. I don't exactly worship you, but I guess it's my vanity. I didn't want you to think badly of me."

The patient's anxiety about losing the approval of the worker now made it possible to enlarge on the subject of transference. Harriet was assured that, unlike the mother, the worker's positive attitude of sympathy for and interest in the patient would at no time be deflected by any sudden expression of disturbance by the patient. To this the girl responded with considerable insight, "I understood what you are talking about when I got your letter after I'd refused, on Monday, to come to the studio. Since then I've been convinced that I don't have to worry about your disapproval."

When these flashes of insight came to Harriet she was likely to become impatient at the slowness of the changes in herself. Should similar emotional disturbances recur in the course of the art sessions, she was assured in advance that the worker would not be disturbed by any other outbreak of feelings which the patient might be impelled to release under conditions of strain.

It was deemed advisable, before discussing the nature and meaning of the transference relation, to review and evaluate with the patient what she had already accomplished in the previous months of the art sessions. Harriet was, therefore, reminded that she had developed both courage and persistence in delving into the painful memories of childhood and in recovering the early aspects of her illness. She had also gained the ability to discuss her emotional insecurity and its relation to her fears about sex and marriage. By developing the power to resist the dominance of the foster mother, the patient was reminded that she had also begun to strengthen her own individuality.

Since the girl had accomplished more than she realized in four months of art work, this was now emphasized. She was reminded of how much she had achieved in the development of her creative expression as well as in her ability to verbalize her problems. But what was perhaps even more important in terms of her personal development, she was told that she had given evidence of developing the power to face her conflicts with people, instead of evading them by prevaricating or escaping from home, as in the past.

In attempting to explain the role of transference as an aid to her recovery, Harriet was told that never having known the love and sympathy of her real mother, she had, in the course of the art sessions, quite naturally used the worker as a sympathetic mother substitute. The girl listened seriously to what was said and then replied: "Yes, that was true at first, but now that has changed. You are more of a friend, wise adviser, and teacher."

Harriet was now able to state that the worker played an important role in her life, which was unlike that of either the longed for real mother or the existent foster mother. The relationship with the worker had thus introduced a new

factor into the girl's life: she had for the first time come to know a mature adult who understood her and whom she could trust.

The positive mother *imago* had been reserved by the patient for the real mother whom she had never known; certain negative attributes of the mother figure had been strongly identified by the girl with the foster mother, such as conventional views about sex. This suggests two further reasons which caused Harriet to reject the worker in a symbolic mother role and to prefer her in the new and needed relation of teacher and friend.

Should the term "positive transference" then still be employed for what, although based on rapport, is in substance not the reliving and projecting of earlier childhood patterns, but the creation of a new relationship with an entirely different type of individual?

Harriet's difficulty in keeping up to grade requirements at school was now introduced for the first time. It was explained to the patient that her inadequacy in school subjects was related to her disturbed emotional condition, rather than to lack of intellectual capacity. During the art sessions, the girl's ability to concentrate had increased as she became free of her anxiety, and her insight concerning herself and her problems had developed considerably as she projected her conflicts into her pictures. She was also reminded of the way in which she was now able, for the first time in her life, to assert herself against the dominance of the foster mother.

The patient was surprised and pleased to hear this estimate of her improvement at a moment when she feared that her disturbed behavior over the crisis with the foster mother had lost her the approval of the worker. For the first and only time during the art sessions, Harriet became suddenly demonstrative; throwing her arms around the worker, she said that this recognition of her improvement gave her new confidence in herself.

"Study of the Thoughts of People I Have Met; One is Dead"

The first of Harriet's adolescent memories dealt with what she called a "Study of the Thoughts of People I Have Met; One is Dead," (Figure 23). She brought this charcoal drawing to the studio; it represented, she said, her first "crush" (a Latin-American who wore a ring in one ear) and two schoolteachers who played significant roles in her life; the skull was the symbol of a boy friend of seventeen, now dead, with whom she had played tennis. Again expressing her concern about death, she commented significantly, "That's as near as I ever came to death."

"The Mourners"

This large charcoal study of what the patient described as "The Mourners," (Figure 24) contains a group of twelve draped heads, a broken tree to the left, and a large hand that reaches toward the people. "It's called 'The Mourners,'" explained Harriet, "because it's exactly what they are doing. There's my hand in the picture showing what the people are doing — mourning. Each face in the

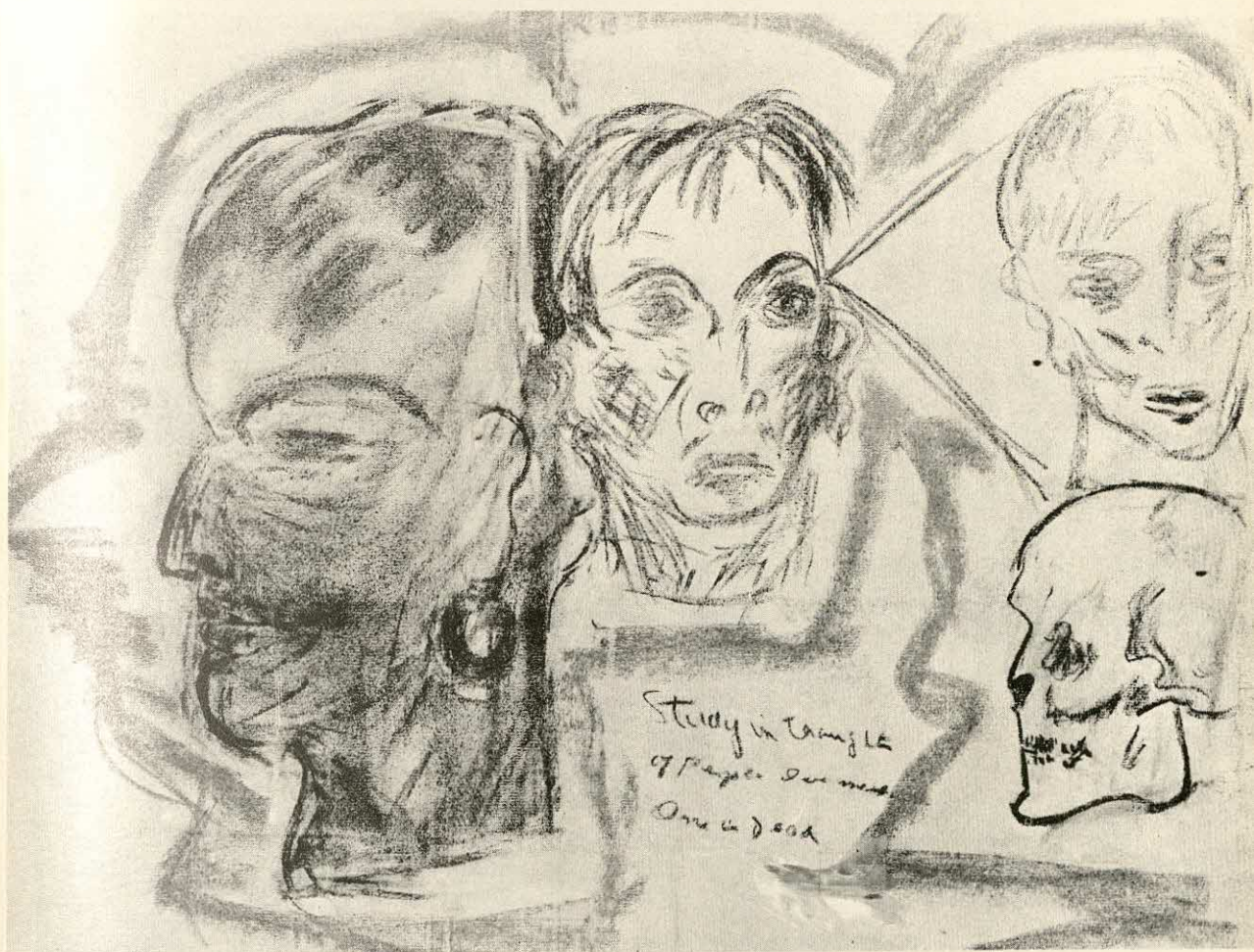


Fig. 23. "Study of the Thoughts of People I Have Met, One is Dead": Her First "Crush," Two Teachers, the Skull of a Boy Friend Who Died.



Fig. 24. "The Mourners."

picture has a different expression to me; I don't know whether you see it. I would like, when this drawing is finished, to do it in oils. I don't know very much how to use oil paints, but I think I could make something out of it."

Harriet was told that she could have whatever assistance she needed in learning to use her oil paints. She was reminded that on previous occasions, in the earlier art sessions, she would ask questions about technic, but then seemed unable to apply what was offered. Since she now showed more ability to organize her art work she would probably be able to make better use of the assistance.

This drawing of "The Mourners" was not completed until two weeks later. By that time Harriet added new interpretations of its meaning. The broken tree had now been added to the left of the design. Pointing to it, she said, "A broken tree is not completely destroyed. Nothing is ever completely destroyed, it turns into something else." When asked to tell more about this tree, she said, "It has to do with life; it somehow seems to remind me of life and death and war."

This broken tree set below her hand probably symbolizes the patient, who though hurt by life, is yet able to "turn into something else." The tree in this picture is similar to another tree in an earlier design, "The Tree of My Illness and My Hand Reaching Out for the Way to Get Well," (Figure 15). In both compositions, a bare tree and a large hand are important. In the first of these designs, Harriet specifically identified the tree with her sick self; in the second, she related the tree to her own life, by implication. The large hand in both pictures was described by the patient as being her own. It is, in both instances, her left hand, the symbol of femininity;* the back of her hand is drawn in the picture of her recovery; the palm of her hand is shown in the picture of "The Mourners." The form of the twelve draped heads are reminiscent of a sketch of "Death's Smile" also drawn at this time.

A week later, when "The Mourners" was completed, Harriet was still eager to use it as the basis of an oil painting. She was therefore shown how to trace her charcoal design onto canvas and how to lay in the first coat of paint. Much time was spent in helping the patient to carry out her own ideas for this painting. She had decided on her color scheme; the background, developed into folds, was to be gray; the tree and the drapery of the heads were to be black; while the faces were to be filled with many colors. Such mixing of colors had been used before by the patient in her self-portrait at three years of age, (Figure 19).

Harriet asked for help in her efforts to draw the folds of the background and in mixing her oil paints. She was shown how she might work out these ideas on some practice sheets of paper. Then she painted the picture herself.

Several weeks later, "The Mourners" was still unfinished. But she was ready to give a new interpretation of its meaning. "It represents," she now said, "twelve members of my own immediate family." She then described her older married sister and brother as each having two children. There were, including herself, said

*See footnote p. 161 on the symbolism of the left and the right sides of the body in ancient Indian and Chinese sculpture and the Jewish cabalistic tradition in "The Zohar."

Harriet, five brothers and sisters, and four grandchildren; then to complete the twelve of the picture she included the foster mother, foster father, and mother of the foster mother. It is interesting to note that in this family grouping, she excludes the marriage partners of the older sister and brother, and includes the foster family. In this symbolic family of twelve, Harriet seems to have created for herself a sense of "belonging" to a real family group. (Even though she admits never having seen the older sister, and she had only seen the older brother once as a small child.)

The theme of "The Mourners" was again altered some weeks later, (Figure 32), to represent another grouping of people in her life. The hand and broken tree were now removed and two more faces added. This painting will be described later, in relation to the experience that it depicts.

"This Red Horse is Sex"

Harriet brought her adolescent memories up to date when she appeared in the studio with a water color of a horse, (Figure 25). "This red horse," she explained, "is sex. This is a problem that has been completely worked out." When it was suggested that even though much had been discussed, there might be other unresolved sex problems, Harriet qualified her statement by pointing to the blue shadows. "If you notice, there are only tiny pieces of doubt, those blue parts beside the horse. Of course, part of sex is still in doubt; it will have to be worked out through experience." (The patient had never shown any awareness of Freud or his interpretation of symbols.)

The Patient's Attitude to the Foster Father and Real Father Revealed

As the memories of her childhood and adolescence developed in the sketches and paintings of her notebook, comments about her foster father became more frequent. One was a game of chess between Harriet and the father, as the mother argued. Another water color related to discussion with him about cruelty in relation to animals and human beings.

Harriet now spoke on several occasions of her satisfactory relation to her foster father. But when she was young, she explained, she had seen little of him because he traveled abroad on business. But the war had put an end to these trips, and her contact with him had become closer. As the girl referred to the way in which her intimacy with her foster father had grown, she was asked whether her need for him had not been associated with the lack of a real father's love in her childhood. She readily admitted this. An enquiry as to whether she recalled any hidden feelings about her own father brought an immediate response. For the first time Harriet was able to allow expression of her long repressed emotions about her father's desertion. "Yes," said Harriet, "I did resent about my father." Such feelings, she was assured, were warranted by her father's behavior to her and her family. The comment was made that she had probably buried other unpleasant feelings about her own father; if this was so, she was urged to try and express them in words or pictures. "I'll have to think about this and maybe I'll remember more for next time."



Fig. 25. "This Red Horse is Sex."

Prior to this admission of resentment against the real father, the patient had only referred to him in the unconscious symbolism of "My Impression of the Ballad of Reading Gaol," (Figure 11), where the father figure was hung for having destroyed the golden island of the patient's childhood. Soon also, she was able to admit that her friend Charles was "more like a father."

A week later, Harriet came into the studio with a definite proposal that related to her previous talk with the worker. "I want to speak about my father" (meaning this time her foster father). "It's of major importance. Dad wasn't home much when I was small. I resented the fact. When he was at home, I always wanted to keep him with me all the time. He was more with me than with the other children. I felt very resentful towards my mother when Dad came home. I felt she was taking him away from me. I wanted to be with Daddy alone. I resented mother. I told Mom to go away. I tried to do everything for him so he would stay with me instead of with Mama, and as I grew older the resentment toward mother increased. I was between seven and nine years old. It caused many bitter arguments. My brother talked to me about sharing Daddy; Daddy needed Mama as well as me and that I should share him with Mama in a nice way.

"Our relationship seemed to become closer after I was ten. Dad was home then, working in New York. When Daddy was home more, a lot of tension was eased. I never thought now that Daddy would go away when he picked up a brief case. We became wonderful companions after that. It's noticeable how I talk about him now."

When Harriet observed that it had taken her a long time to think up all this about her foster father, she was assured that it was important and worth the effort. She was again reminded that if she could recover any of her emotions, however painful, concerning either of her real parents, it would be of assistance in her recovery.

Final Memories of the Summer Before the Patient's Breakdown

"My Problem During the Past Year": The Mingled Faces Represent the Girl's Changing States During the Summer

In regard to this group of many faces appearing within a mingled background of green, rose, red, violet, yellow, and blue, (Figure 26), Harriet said, "Here is a group of faces. I'll show you what it means. The deep blue blurred color (in the lower right corner) shows where I ran away from home. I started to run away when I was twelve. I walked for miles and miles and I didn't care where I walked to. . . . The faces in this picture are me." She points to a pair of smiling lips (lower right corner). "That's an age when I was happy." Pointing then to a face to the left, "That was when I was puzzled." In this she was referring to the period following her early attempts to leave home. In relation to the largest face in the center of her painting, she said, "This is about the last time that I went away; then I felt as if I could get on away from home all by myself."



Fig. 26. "My Problem During the Past Year": The Mingled Faces Represent the Girl's Changing States During the Summer.



Fig. 27. "Recollections of Myself During My Illness: The Body to the Right Represents Problems of Sex."

"Recollections of Myself During My Illness": The Body to the Right Represents Problems of Sex

In this water color of "Myself During My Illness," (Figure 27), Harriet has reviewed her state of dissociation during the summer before coming to the hospital. "These faces," she explained, "represent all the different symptoms of my illness." According to her description of each face, they were all herself in changing emotional states.

The face in the lower center of the picture was described as "the terrible doubt and mistrust of family, friends, anyone who dared enter into my innermost thoughts." The face, upper center, was described as representing "periods of running away." The picture of the body in the upper right of the design, "represents sex and the background is a rosy hue." The blue background in the center of the picture represents "pain, mental pain and hurt." The rose color, to the left, "is related to the blocking part of my life. I stopped eating. I kept sleeping and talking, being in a perfect daze. That's the cycle. It begins here (at the left) and goes around (to the right). It probably all began in my youth."

Then Harriet related the rest of the painting with its suggestion of a yellow face, to the period when she stayed with her friend Helen in her room: "That's when I started to get very dull, dull witted. I didn't have the urge to talk. My memory became blurred. Then I went to sleeping an awful lot. I didn't go anywhere or do anything. My girl friend tried to get me up to eat and go with her; she wanted to get me out of this state. The lower pink space in the picture shows my complete bewilderment. I wasn't aware of anything. In fact I wasn't really aware for two months after I came to the hospital."

When the patient spoke of wandering away from home at the age of twelve for the first time, without any conscious objective, she was asked whether she might not have gone forth in search of more warmth and affection than she received in the foster home. To this she replied immediately, "Yes, that's it. That's why I went to stay with Helen. She liked me."

"The Running Away Problem:" The Cat Form is Her Girl Friend

Three water colors of deep intensity were painted on successive days by the patient. The first of these she described as "The Running Away Problem" (Figure 28). "First I was confused (the dark mixed color at right lower corner). The cat-like shape in the middle of the picture stands for the girl I stayed with in the summer. She was a cat. We say girls are cats when they never go with girls. When I was confused I became attracted to things; I found escape in them. I started drinking, that's the yellow in the picture. I went to night clubs. Then started a complete confusion. I didn't know what I wanted. It became duller and duller and duller. Here it is," she points to the left side of the picture, "Darkness."



Fig. 28. "The Running Away Problem": The Cat Form is Her Girl Friend.

Self-Portrait During Her Illness: As She Thought She Appeared to Others

Harriet showed this painting of what she described as a "Self-Portrait During Her Illness," (Figure 29). It is the profile of a somewhat masculine face, painted unrealistically, with blotches of intense and disturbing colors — tones of ochre in the face, and intense rose, blue, and green in the body.

Pointing at this self-portrait, Harriet said, "This was me, the way I think I must have appeared when I was sick during the summer. I felt as if it explained itself. I feel it is like someone absolutely lost. I felt nothing. I knew nothing. I had nothing."



Fig. 29. Self-Portrait During Her Illness:
As She Thought She Appeared
to others.

Color plate facing page 104.

(Three months earlier the girl had made a realistic self-portrait that so accurately portrayed her personality, that it cannot be reproduced.)

"My Memory of Loss of Control in a Flower Shop"

This water color of masses of deep purple, green, and blue, with the form of emergent flowers and leaves, was described by Harriet as "My Memory of Loss of Control in a Flower Shop," (Figure 30). She said that the picture was related to a time when she entered a flower shop with her girl friend and a man. He asked Harriet what kind of flower she wanted. "Up to that time," she explained, "I was very gay and witty and held everybody's attention. Then, all of a sudden, I



Fig. 30. "My Memory of Loss of Control in a Flower Shop."

couldn't speak. My mind was clear up to that place, (and she pointed to a spot of pure green color in her picture) then I was just suddenly dull. I broke down and cried."

"Two Jars of Spring Flowers"

The experimentation in the use of a new box of water colors began with the paintings of her recollections of her states during the summer before her illness and it concluded with some completely objective and lyrical paintings of "Two Jars of Spring Flowers," (Figures 31a and 31b).



Fig. 31a. First "Jar of Spring Flowers."

Color plate facing page 136.

After the girl had succeeded in releasing many recollections pertaining to her childhood and her "confused" states prior to hospitalization, she was now suddenly able to produce these final water colors. In creating these jars of spring flowers she showed, for the first time, a capacity to create a joyous integrated response to life which others could share and comprehend.

The Patient's Experiment with Art School

As the patient gained confidence in her creative powers she had asked the opinion of the worker about entering a Saturday class in a well-known art school. Harriet had been advised to postpone such a plan until she had achieved greater clarity in her creative expression. She seemed to accept this suggestion, but in March, without consulting the worker, she joined a water-color class at the art school. After three weeks' attendance, the patient told the worker about her new art class. Only, explained Harriet, after she had tried out the art school, did she wish to tell the worker about it. To her surprise, the girl had now found herself able to concentrate, for as long as three hours at a time, in her new art class; nor did she find herself disturbed any longer in the midst of the large and noisy group of students. (Fear of being dissuaded from entering this new art class had evidently caused Harriet to avoid mentioning her intention in advance.)



Fig. 31b. Second "Jar of Spring Flowers."

Immediate success in adjusting to the art school environment had given Harriet renewed confidence in herself. From the standpoint of reality testing the art class experience had justified itself. Whatever confidence the patient had gained in the discovery of her ability to work well in a group was largely vitiated by the increasingly formal requirements imposed by the school. Harriet, without realizing it, was caught between two contradictory approaches to creative expression; the one based on spontaneity, the other on academic formalism. Such a situation would have been unsatisfactory for any normally healthy art student; but for such a disturbed patient this opposition of methods might lead to serious consequences.

If the girl's departure from the hospital had not been imminent, it would have been necessary to face her with making her choice between the two art approaches; then she might either have continued the spontaneous art expression with the worker as an aid to her recovery, or she might have submitted herself to the academic teaching of the art school. She would also have been told why the two art approaches were incompatible and why it would be preferable for her to postpone more formalized study until she was able to return home.

But since the patient was leaving the hospital before summer, it would have been useless to force this choice upon her. So the worker tried, instead, to keep in touch with what Harriet was doing at art school. But the girl became reluctant about showing her new paintings to the worker. After several weeks she finally explained that she feared this might lead to some contact between the worker and her new art instructor. This, Harriet said, was what she feared because she did not wish the art school to find out that she was in a mental hospital. Such an attitude blocked the worker's efforts to consult her art teacher about her problems.

Academic pressure on the patient was increased and the girl was asked, in the second month of art school, to transfer to a class in anatomical drawing and to do library study on the history of art, as she lacked such background. Although copying muscles and bones and reading about the art of the past were not subjects adapted to the emotional needs of this unstable girl, any criticism of the art school's methods would have been resented and misunderstood by the patient. As the period of hospitalization was drawing to a close, Harriet was advised to remain in the water-color class at the school instead of shifting to anatomical drawing. She seemed willing to follow this suggestion.

SIXTH PHASE: Repressed and Painful Memories in Terms of Temporary Regression

In the final month of the art sessions, Harriet produced fewer pictures; her efforts were now focused on releasing her conflicts through the spoken and written word. As the patient's power of verbalization grew more fluent, her use of symbolic images as her chief means of communication decreased.

The written statements concerning repressed and forgotten experiences with several men friends as well as of a forgotten state of dissociation on a park bench,

helped to prove that the patient's periods of apparent amnesia had been genuine. In poems and paintings produced during this last phase of the art sessions, Harriet was able to release some of her deep longing for the real mother whom she had never known.

The Patient's Written Recollections About Periods of Amnesia

Certain crucial questions relating to the exact nature of the patient's "confused" states had remained unanswered. At no time had Harriet produced a clear statement either for the psychiatrist or the worker as to what had happened to her in those periods when she had wandered away from home; whether the girl's amnesia had been genuine or feigned had up to that time remained uncertain. During the art sessions hints of traumatic sexual experiences with men had appeared in some of her designs. In paintings (Figures 10, 12, and 13), which related to Harriet's states of dissociation, and in these pictures (Figures 26 to 30), which dealt with the incipient stages of her illness, fragments of these recollections had begun previously to break through.

Since the patient was still evasive about dealing with any of her specific experiences with men, she was reminded of the fact that in a few weeks she was leaving the hospital to return to her home. The girl was urged, therefore, to make a special effort to tell more of what had occurred in her relation to her friend Charles. She was reminded of how much material about her sexual conflicts had already been expressed in her pictures; they revealed, she was told, more than she had as yet been willing to discuss. The patient admitted that this was true, and when thus cornered, promised to make a special effort to speak more openly, during the few remaining weeks of the art sessions, about whatever she could recall of her experiences with these men friends.

The first consequence of this increased pressure on the patient was the production in writing of what Harriet called "Recollections of a Confused State"; this statement she read aloud to the worker, before giving her the manuscript. It is reproduced with the girl's own spelling and punctuation:

"I find myself being very confused this morning. Confused and utterly alone.

"It is a strange felling (feeling) almost as if I waited for it to occur. Odd. I felt no momentary fright as I had done in the past. Perhaps that is why it has so unnerved me.

"I can remember feeling so before and the outcome was an unusual one.

"It occurred about a year ago when I was walking through Central Park. I had been very depressed the day before and the morning the incident occurred. It was on a Saturday I believe in the month of April (to this I would not swear).

"As I said previously I was walking through the park when I suddenly became very conscious of my surroundings. I sat down to take in as much as

I could, but no sooner had I sat down when I became utterly and completely confused. I could not give a reason for walking the park if I were asked and yet I knew I had a very plausible one. I could not define the state of mind I was in aside from being confused and I could not at the time remember what possessed me to sit down for I was not in the least tired of walking. The fact that none of these things were clear to me made my confusion all the more obvious.

"And yet I was not in the least alarmed as might be expected, in fact I think I rather liked the state of being, although it was not new to me.

"I sat not saying or thinking of any thing, my mind was a complete blank. When it seemed to me I heard some one addressing me from far away. I turned to the direction of the voice and find a young ensign sitting next to me. I must have looked rather odd as he thought I was ill. I replied I was not, that I was merely thinking. He then asked what I was thinking about. I told him nothing in particular.

"It is rather strange that I remember the incident so clearly for when I wished to remember it in the past I could not. For it was not an unpleasant one."

Pencil Drawing, "Arising From the Dead"

A pencil sketch which Harriet called "Arising from the Dead," had been hastily drawn on the page in her notebook that followed this recollection on the park bench. She made no attempt to explain it when she tore it from her notebook with the park bench experience. This drawing was a variant on the theme of the divided face that the girl had previously chosen as a symbol of her own recovery; here was also, in the title of the sketch, "Arising From the Dead," a symbolic expression of her own rebirth. One of the patient's poems, written at this time, was also concerned with rebirth.

The head in this drawing is split into two uneven parts by a jagged line cutting from forehead to chin; while the features are haggard, none of them are veiled as in the other self-portraits with divided faces. Where broken hearts have appeared in relation to other heads of herself, Harriet has here drawn only a jagged line pierced by a sword that is dripping blood; other blood drops are falling from a split-off arm to the left. On the right of the design light radiates from what appears to be an electric bulb. At the base of the page, a shadowy figure of a young girl seems to be materializing. This must be the one who is apparently "arising from the dead."

Two Poems: Relating to Charles and to Death

In the next art session Harriet read two of her poems aloud. The first was named "Thinking" and the second was called "About Death." The girl, when asked, was able to date these products as of the nineteenth of December, the day on which she had received her first letter from Charles. In both of these poems

Harriet is expressing her response to what had become but a blurred remembrance of her friend Charles. In them she envisaged such depression and despair as she had tried to escape from through drink and fantasies about death.

Here are excerpts from the poem "Thinking":

"As I sit here within my lonely room
 Something within me shudders and —
 I felt the doom that is my future
 That was my past
 A great dread fills me
 Thrills me with fantastic thoughts
 Thoughts no man has ever dared to think
 I stumble blindly to my liquor cabinet
 And take a drink.

.

I find myself slipping
 Slipping into the darkness of forgotten time
 Into the time when I was young
 When saint and sinner had no meaning
 When death was sleep and life was eating
 When thought was nothing more than mating
 I try to think but nothing comes of it
 I stretch my hand out to find the bottle
 When this is done I take another drink
 And so doing more clearly can I think
 But alas! my brain is numb."

.

Here is part of the second poem, "About Death":

"Come with me my sweet, Do come
 Into a world of deeper sleep
 Into the gentle night and peace
 All this I give to you.

.

So come, do not hesitate to open the door
 For Death is but a richer dream
 A life beyond all living things.

.

The wounds of your day with me shall go
 They shall fade and vanish quicker than you think
 And the darkness will become light
 And you will be part of the cloak of night.

.

Give me your hand my child and we shall go
 Yes! I'll answer all the questions that you wish to know."

.

She concludes with:

"You feel the cup of cold and cooling wine —
Upon your parched and aching lips
You see friend the vintage is Perfect and sweet
The wine of Death and deep retreat."

On the same day Harriet also read out of her notebook some of her speculative questions. "What would happen if we got behind life and death?" And, "If religion crumbled, what then?" "Drink," she continued, "overcomes fear." When she was asked to explain this statement, she told how on several occasions, a drink had made it possible for her to gain the courage to oppose her foster mother.

As the patient left the studio she was again reminded that the time was growing short for dealing with the remaining problems about her men friends. She replied that the written statement about her meeting with Charles was half finished and would be ready for the next session. Harriet kept her word. At the next art period the girl did not appear but left instead a letter about Charles addressed to the worker. This is what it said (again, spelling uncorrected):

"To Whom It May Concern:

"In the following letter there will be a complete and unabridged discussion of my past experiences with Charles.

"I met Charles on August 5, 1945 and liked him from the first time I set eyes on him. But not in the sense of any sort of physical attraction on my part. In fact I sort of liked the idea of picturing him as my father. Now that I think of it I told him that when we were better acquainted.

"Charles is someone I will never forget. I'll never forget him for two reasons. The first is as follows:

"I was introduced to him through another girl, and we went to tea that afternoon. It was during this period that I drank very heavily and became depressed and silent. He must have noticed that because I can remember his asking me if there was anything wrong. I replied there was not. He talked to me although tea and it felt warm and good. I felt clean and really and sincerely wanted. I felt alive and refreshed as if I had just come out of a cold shower. After tea he told me about himself and his mother and his friend. We went to the theater and saw "Under tow" which upset me greatly. I was unerved to such an extent that I and Charles thought I might pass out.

"That's when it happened. He took me up to his apartment and we drank together. He only had one drink I had several. Then it began. I told him the truth about my self. How I had left home and was living with Helen and about my nightmares. I talked for hours to him. I poured out the whole rotten mess. I know it must have been for hours because it was daylight when I finally stopped.

"Can you possibly imagine such a thing, a strange man with a mere

child sitting up for hours talking. And not expecting anything. In fact felling flattered that I spoke to him.

"I slept in one of the two twin beds in his suite of rooms. I fell asleep almost as soon as I hit the pillow. But I woke up from a night mare and began to cry and he took me in his arms and comforted me. I was really frightened. Frightened because of the dream and because I was only a few feet away from a strange man. In his apartment and in his bedroom.

"I plunked it out. About my being afraid of him and I really think he was hurt. But he didn't say any thing he just spoke to me and held me in his armes but he didn't do anything else. I have never even kissed him.

"He finally reassured me and got me back to bed. I slept and every time I woke up he was there. I had something to eat about two in the afternoon and Helen came over to see how I was. Charles told her I was ill and that he would take care of me. He called in his friend, a young psychiatrist who told me I needed hospitalization. I am not disclosing his name because it is not necessary. He told me about the Institute and said he had interned here and that I could get help.

"Charles sat in on all this and didn't say any thing until Dr. — was through. Then he told him why he had been so concerned and it is because of this that I have never spoken of the incident.

"His sister who was my age had just committed suicide and her syptoms were exactly like mine. He said he had noticed it when I was with him in the bus and I began to shake when the bus backfired. He is a lawyer and well acquainted with emotionally unbalanced people so that he new I was sick from the very beginning.

"Dr. — asked if any sex relations had accrued during the night and was not at all surprised when the reply was no.

"When I asked him why he was not surprised (this occurred when she was alone with the psychiatrist) he said because Charles was a man and I was only a child. And too young to even be sexey enough for a necking spree.

"There wasn't any more after that I went home that day and only remembering one thing, that there are men in this very wild earth who are so nice and so honorable that it is too good to be true. I think I am in love with Charles. But I think I am *more in love with the wonder around him.*"

In this written statement, Harriet had, for the first time, been able to recall the sequence of events which related to her traumatic experience with Charles. The girl's description of what had actually taken place, from the time of meeting with Charles at tea until she left him the following evening, showed why she had need to forget such painful memories. For the data of this traumatic experience reveals important connections with the subject matter of the patient's poems, pictures, and talks with the worker. Emphasis on the theme of death could now be related to the shock Harriet received from the description of the suicide of Charles's sister, who was said to have been afflicted with syptoms like her own.

The subject of the patient's sexual insecurity, which had led to many discussions in the art sessions about necking and fear of sexual inadequacy in marriage, could now be directly related to the deep hurt to her narcissism caused by the tactless comments of the young psychiatrist who said that Harriet "being only a child, was too young to be even sexy enough for a necking spree."

When the worker sought out the patient, after reading her letter on her relation with Charles, she was in the gymnasium playing basketball. Harriet showed relief when she realized that her frank report about Charles had met with approval; but she was still reluctant to return to the studio for a discussion of the contents of her letter, but was finally persuaded to do so.

In reply to questioning, Harriet discussed the events that took place during the first meeting and stay with Charles in his apartment. Now, for the first time she was able to speak freely of the entire experience and give her own reactions to what took place in her talks with this young man and his psychiatrist friend. According to the girl's explanation, Charles had been so understanding that she was able to tell him all her troubles. She praised his great kindness and consideration in caring for her overnight in his apartment when she was feeling so disturbed. While agreeing that Charles had evidently been sympathetic, the worker questioned whether he had been as understanding as Harriet imagined; for had he realized her condition, she was told, he would have spared her the details of his sister's illness and suicide. To this Harriet replied, "That's exactly what the psychiatrist told Charles."

During four consecutive sessions, Harriet continued to develop the story of her acquaintance with this man friend. In the first period she reviewed the details of their first meeting at tea, their shopping for a gift for his mother, their dinner in Greenwich Village, their evening at the theatre, and their return to his apartment when she felt ill.

The patient said that she had received five letters from Charles. A preliminary telegram and letter, which he said he had sent to her home, had apparently never reached her; Harriet was therefore convinced that both of these had been intercepted by the foster mother. (That this explanation was probably correct seemed possible from the foster mother's efforts to telephone the worker about Harriet's correspondence with Charles.)

In November, a month before the patient heard from Charles, she had received her first letter from the young psychiatrist. This note, she explained, had baffled her because she could not remember when she had met him. She said this in writing to the young doctor for further orientation. His answer was evasive, referring but vaguely to a mutual friend through whom they had met. In the next letter the psychiatrist now mentioned Charles by name. Then, just before Christmas, she received her first letter from Charles, with Christmas greetings and enclosing a handkerchief from his mother. On reading the letter she could remember nothing about him. In fact she had never known his last name until she read it at the end of his letter. But soon after this, in a dream, she began to recall the events of that evening and night with Charles and also what had taken place the next day.

After speaking of her recollections of her friend and his correspondence, the patient again became anxious lest the worker insist on seeing these letters. Now her excuse for not producing them was that they were packed away in a trunk at home. Again, it was necessary to assure the girl that the worker was neither interested in nor curious about the content of these letters; all that she wished to do was to help the patient in resolving her conflicts about Charles. Relieved at again obtaining this assurance, Harriet immediately began to speak more freely about Charles. While she was doing so, the worker assured her that after she had discussed the entire experience she would certainly begin to feel better. "Oh," answered Harriet, smiling, "I do already."

In the next art session, after discussing a new self-portrait with a divided face, (Figure 33), which will be described later, Harriet made use of the painting in order to reintroduce the subject of her friend Charles.

Pointing now to the yellowish color that rimmed her own head in the picture, Harriet said, "This is the problem still with Charles." Then, pointing to the magenta color outside the head, she said, "That's the mirror — the hospital in which you could see my problem through that mirror."

Harriet then added, "I want to talk to you about my problem with Charles. Should I or shouldn't I drop the relationship? I'm still in conflict. If I continue, will it interfere with my getting well because of what he told me about his sister? Or will the relationship change because of my more mature attitude? I know our relationship was far from normal, not a healthy one, that's my problem."

As the patient was now able to make this direct appeal for assistance in working out her relation with Charles, she was helped to realize that she must resolve it by working out her own conflicts. Now that she had been able to formulate her problem she should not expect that it could be decided by anyone but herself. The worker could go so far as to discuss with her whatever difficulties she had in working out her relation with Charles, but Harriet was told that in the end she would have to make the final decision.

The patient was advised to reread her letters from Charles in order to clarify her own mind as to how she felt about him. Reference to this correspondence again made the patient afraid that the worker wished to obtain possession of these letters. Convinced, for the time being at least, by the assurance she received, Harriet again expressed her relief by saying, "It takes the strain off because you don't press me to talk about things before I am ready. Then I can think better about the problem; then I can deal with it."

The Fourth and Final Session About Charles

Before returning again to a discussion of Charles, Harriet gave the worker her notebook, written during March and April; in it were several poems about the loss of her real mother, one on "Rebirth," and one on "A Sense of Beauty."* As an additional gift Harriet also brought an Easter basket. The grateful gesture

*See Appendix, pp. 222-226 and 232.

of this double gift came just a week before the patient's departure from the hospital.

The reworked painting of "The Mourners," (Figure 32), that Harriet then discussed before returning to the subject of Charles will be described later. She now pointed to one of the heads in her painting and said that it was Charles. "The next head," she said, "is me. As you know the relation between Charles and me was an unhealthy one, it wasn't normal. I bring this out in the foreground of the picture with my blues."

Harriet no longer needed urging to speak about Charles.

"Let me tell you," she began, "Charles is a very strange person, exceedingly quiet with one or two people, but in a group he leads the conversation.

"His reaction with me was rather that of a brother with a sister all the time. He was exceedingly gentle in his remarks. He never made any physical or verbal passes. He waited on me hand and foot, making sure that I was comfortable. His conversation was usually away from ourselves, as though he were afraid to talk about intimate things. He spoke about people in general, literary subjects, and so forth. His letters, too, were the same, talking about politics and such things. Just one line at the end of the letter would say, 'I hope your health is better and your mental condition is improving.' Only about his sister did he speak personally."

"Now let's talk about Charles," continued Harriet. "I asked Charles what he thought of his psychiatrist friend's remark that he wasn't surprised that there had been no sex relations between us. That's the only time Charles forgot his gentle manners, 'I'm going to let you have it straight,' he said. His words were rather hard. His whole conception was very cruel. He started out by saying that his interest in me wasn't platonic and it wasn't that of a man physically attracted. He said that it was an experiment and that it had worked out well. I asked him what he meant and he said, 'I'll tell you what I mean.'"

Then for four and a half hours without a break Charles talked to Harriet, telling her the detailed story of his sister's illness. He described how she had detached herself from the family group, how she had become secretive and irresponsible. He described her heavy drinking and periods of deep depression; also her refusal to eat and the eventual necessity of tube feeding. The sister was a high-strung girl and was a marvelous musician, playing best in her periods of depression. She was ill for two years, but refused to go to a psychiatrist. "The girl was wasting away," Harriet continued. "When Charles came back from law school he succeeded in making her take greater care of herself. Then he took her away to the country. She began to get better. She laughed again for the first time in two years and she began to enjoy horseback riding again.

"Charles and his sister were getting ready to come home. The day before they were to leave she went to the stable to pick up her riding habit. Charles waited for her and she didn't come back. So he went to the stable to look for her and he found that she had hung herself with the trainer's riding whip.

"It was 9:30 P.M. when Charles stopped talking to me. He talked and talked

from 5 P.M. without stopping. We didn't eat anything up to that time. I didn't remember — then suddenly I became conscious of myself as an individual — that I had a family. And then I went home. He's never mentioned anything about his sister since then in his letters. Not until three days later did I get the full import of what he told me. And I didn't even comfort this man."

In completing her report of what had occurred during the night and day that she spent with Charles, Harriet's observation of Charles's behavior as abnormal was quite justified. His idea of dealing with Harriet as an "experiment" must have been motivated by his desire to understand the nature of his sister's illness. Small wonder that the patient's life had been overshadowed for the past eight months by the dread that she might, like Charles's sister, be doomed to suicide. The strain of this secret fear was made more acute as she kept a silence, self imposed, out of misplaced loyalty to Charles. Thus the girl's tendency to withdraw into herself had been intensified by this traumatic experience of having her own mental symptoms identified by Charles with those of his dead sister. And finally, the patient's sexual insecurity was increased by the caustic comments of the young psychiatrist; his words as he explained that her sexual immaturity could have no appeal for Charles, had given a deep wound to the patient's narcissism.

With her release from the identification with this other schizophrenic girl, Harriet's preoccupation with the theme of death subsided.

Another Symbolic Self-Portrait

Harriet brought to class this oil painting of a young girl (Figure 33), while she was telling of her experience with Charles. It repeated the division of the face, which the patient had adopted to symbolize the split in her psyche and the process of recovery. Pointing to the veiled left side of the face, the girl explained, "This is where I came in with my problems. I was confused. I had a poor relation with my parents. I had a long-standing sex problem that went all the way back to my childhood. (For this symbol she pointed to a line of red along the left side of the head.) I was completely without a personality, lost from that standpoint. I was in a physical and mental daze." (For this she pointed to the dark green and yellow painted on the hair to the left.) "The yellowish color," she added, "is the hospital."

Then, pointing to the right side of the head, with its clearly defined features, she explained, "This is the way I am now, almost ready to leave the hospital. I'm new, you see. I'm smiling as you look at it. I'm smiling mentally with a great deal of hope for the future. I have an understanding now. You see it in how smooth these lines are." (She pointed to where the hair on the right touches the face.)

"The Mourners" is Repainted as Fourteen Faces Related to the Girl's Life

Harriet had also brought in this reworked oil painting formerly called "The Mourners," (Figure 32), on the final day of discussion about Charles. The original color scheme of the picture had been changed; grays and blacks had all been removed. The tree that had been originally black was now painted orange. Later this same tree was removed and replaced by two more heads. Then the girl



Fig. 32. Fourteen Faces Related to the Girl's Life: These Include Her Real Mother, Herself and One of the Man with Whom She Left Home; Modifications of the Painting formerly called "The Mourners."



Fig. 33. Another Symbolic Self-Portrait: Showing How the Split in the Girl's Personality is Being Healed.

offered her third interpretation of this design. "The twelve faces in this picture represent," she said, "people during my illness, who have caused part of it. So far three of the heads are finished. This one (pointing to the lower left) is Charles. That one (pointing to the right) is me, and the third is my mother." (Here the girl meant her foster mother.) At this point Harriet, as described above, continued to discuss her experience with Charles.

Again, Harriet attempted to avoid discussion of her other men friends, even though she spoke of feeling better after the exploration of her contacts with Charles. Again she was reminded that only one week remained before her departure, and this fact made the patient agree to have a report on another experience ready for the next session.

The Patient's Written Report on a Second Experience with Men

Harriet was ready at the next meeting to read aloud her paper about a second experience with two of her men friends. She said that it had taken her three days of hard work to think it all out and to put it down. This is what the patient had written:

"You have heard of only one of the wierd experiences that lead to my immediate entrance into the hospital. I had one other experience. One which will live as long as I do. It is not a problem. It never was. It never will be. But I shall tell you about it and explain why there is no problem attached to it. It began when I first worked at a department store. I had met, through another girl, a young fellow by the name of Bob. Bob was a strange person. At least that would be what people would say about him if they saw him for the first time. He wore an air of great wisdom and serenity. He made you feel very quiet and peaceful when you were with him. At first I thought I was the only one who felt that way, but I found I was not the only one. He always said things that made one sit up and think. They were not sensational statements. They were subtle, intellectual remarks coming from an unassuming source.

"I was surprised at the fact that Bob paid any attention to me. Surprised because I certainly was far from his previous sources of pleasure. I was neither glamorous or intellectual. But still I held some sort of attraction, what it was, I shall never know, and I actually don't care to know. For I think it was something evil and twisted.

"Bob and I were seeing one another for about three months when it happened. That is, the rather twisted experience. We had gone to a party that was being held in the Village. I had been drinking a great deal and was almost numb when I suddenly became conscious of my surroundings. I was not at the party or in the apartment. I was in bed and it was morning, about nine o'clock and I could not recognize whose apartment it was.

"The door opened and there was Bob, grinning from ear to ear. He asked me how I felt and told me I went out cold. In my trying to think, I

brushed my hand along my lip and found it had been cut or something. My whole body was sore and ached, but I thought it might have been from the liquor and that it was all in my mind. I tried to be calm and reason the thing out. But I couldn't. What had happened to me? Why was my lip cut? What had I done in that period of drunken bliss? I didn't know and oddly enough I didn't care.

"But Bob did care and when he told me what happened, I couldn't have been more ashamed. There was another fellow at the party who I had met once or twice before. Hal was his name. It seemed that I had been making love to Hal and he had, in a sexual fury, bitten my lip. It seemed that in my shock and surprise, I had hit him and in turn he had been so angered that it was impossible for him to do anything; at this point Bob interfered. I just collapsed. (Later she used the term, "I passed out cold," which links this experience directly with the picture "The Story of Scotch and Soda." [Figure 12])

"I had felt so ashamed that I quit my job in the hope of forgetting this incident. But do you know what I did instead? I began to think about it more and more. It seemed the more I thought about it the less ashamed I was. Until I found I was no longer ashamed. All that was left was worry and that was a lot to wonder.

"I worried about being a virgin. I did not and I do not honestly think I ever cared. And believe me it takes a great deal to say that. I worried only because I knew that was what I should do. Until that worry became an obsession. But finally that subsided too. Through my art. Can you recall the day I explained what the drop of blood meant. I said it was the question of my virginity, well that was when I stopped worrying, and I can honestly say the situation does not bother me at all now."

In this long withheld admission of what had occurred in another situation with two men, Harriet produced traumatic material that was again clearly linked to some of her earlier designs. While the patient referred to the importance which she attached to the release of "my fear of having my virginity broken," by the creation of the bleeding flower in "Fears of the Unseen and the Unknown," (Figure 10), there were two other designs that were found to be closely related to this same traumatic experience. No doubt that "The Story of Scotch and Soda," (Figure 12) in describing stages of dissociation related to drinking, was referring to this same episode. For in this design, Harriet had emphasized what she called "the release of passion," with the symbol of a purple heart. She had, in creating this picture, explained, "It took place at night, so I put in the moon." Such comments had already suggested at the time of its creation that this painting was related to one of the girl's actual traumatic sexual experiences. But not until this final week of the art sessions had Harriet been able to describe this entire occurrence and discuss it freely with the worker.

The formulation of the manner in which the patient had been shocked by



Plate VII. First "Jar of Spring Flowers"

the discovery of her bleeding lip on the morning following the sexual attack by a man, gives further meaning to the frequent recurrence of blood symbols in her early pictures. It is now possible to interpret the symbolism of one of the girl's first pictures as referring specifically to this traumatic experience. In the final design of the series that deals with the patient's conflict with the mother, there is a large mouth that the patient described as her own (Figure 6). Falling from the lips are bluish white teardrops. (The interchangeable use of blood or tears as a symbol of pain and sorrow by both the patient and Oscar Wilde, has already been mentioned. Therefore it is probable that the teardrops on the lips in this design are a substitution for those frightening drops of blood found on the patient's mouth as she awoke on the morning after her traumatic experience with the man at the party.)

At the time when Harriet first elaborated the meaning of her symbolic design "Fears of the Unseen and the Unknown," (Figure 10), she had expressed much elation at having interpreted its meaning successfully to the worker. "Now that I understand them, I have none of those fears any more," she had then declared. It was now possible for the first time, to realize fully why the patient had at that moment experienced such a sudden and complete sense of liberation; the creation of this design, it was now evident, had brought the first recall and symbolic release of the painful details of this traumatic experience related to the bitten lip. The repressed anxiety due to her fear of defloration and possible pregnancy had, apparently, only then been recovered by the projection of this symbolic flower with the bleeding drops. (An identification of the root meaning of de-floration and its expression in the bleeding flower is evident in this symbol.)

In the last phase of the art sessions, aspects of the patient's anxiety as related to traumatic sexual experiences with several men had begun to give deeper meaning to the symbols of many of the girl's earlier designs. As pictures expressing the split in her personality were first released, fragments of her traumatic experience with several men had been partially recalled. In such paintings as "The Tombstone and the Face," (Figure 13), as well as "The Story of Scotch and Soda," (Figure 12), Harriet was projecting these forgotten memories in the language of the unconscious as symbolic images, before she could permit their meaning to become conscious.

In the final weeks of the art sessions the entire sequence of both traumatic experiences had been recovered. First the episodes with Charles and then those with Bob and Hal had been released. Another experience with a service man which occurred prior to hospitalization had been promised for the next art session. But Harriet went home before she returned to the hospital to see the worker, for what turned out (for reasons to be discussed later) to be her last art session. She was then so excited by her return to the family that nothing of any importance could be dealt with on that day.

The Release of the Patient's Feelings About Her Real Parents

It was realized that the patient's recovery of childhood memories during the third month of the art sessions, began only after she had left the foundling asylum and entered the foster home; an effort was therefore made to encourage the girl to express any emotions that she might feel in relation to either of her real parents whom she had never known.

About her real father, Harriet had already expressed herself in the unconscious symbolism of the picture "My Impression of the Ballad of Reading Gaol." There, it may be recalled, the patient had, by hanging the murderer of the poem, expressed her death wish against her own father, who had destroyed the happiness of the girl as well as her mother. (The story of the suicide of Charles's sister by hanging may also have influenced the patient's choice of this death by hanging in creating her impression of Wilde's poem.)

Harriet was unable to verbalize her genuine emotion about her own mother until the last two months of the art sessions, when she wrote several poems about her. But the girl's longing for her lost mother had already been expressed symbolically in one of her early pictures, "Bleeding Leaves on a Windy Day," (Figure 9); in this design the mother leaf, symbolized with large eyes, watches the child leaves fall from the tree, and expresses her mourning with purple lips.

In the first weeks of the art sessions, the patient's conflict with the foster mother had dominated all of her pictures and her discussions with the worker. It was therefore not surprising that the positive, long-buried emotions, related to the image of the real mother, did not break through until later. On the birthday of the foster mother, in April, Harriet explained to the worker that she had addressed a poem to her own mother; in it she had now dared to express all her pent-up longing for the mother whom she has never known. She called the poem "Memories":

"I walked into the night and found —
 Much to my dismay
 That all the hurt that I felt
 During this long day
 Did not heal.
 I stood and hoped that the wounds would close
 But this did not occur
 I cried out but nothing came of it
 I spoke to the cold stars and the still colder moon
 But the echoes of my words came back to me
 Oh! the pain. The Pain of it.
 I swore to the calm night clouds
 And made idle threats to the wind
 Until exhausted, I threw myself on the wet earth —
 That cried for me
 That wept and sighed for me

For me and me alone
I buried my face in the wet earth
And felt my mother's warm breast
And knew the peace and rest —
Of the darkness of the day before —
I was —
And the earth lifted her arms
And I suckled at her breast
And the pain I knew was gone
It was no more!"

In another poem Harriet expresses the sorrow and pain at what is to her the death of her real mother. Here are some excerpts:

"Oh My God! My God in Heaven
Listen to this mouth speak
Do not take her from me
Yet her pulse it does not beat!
For my heart is almost silent
And my mind is almost dead
I can feel her pain, her sorrow
And it fills me with strange dread.
Dread for faith that I am losing
Dread for hope that fights for room
Dread for bitter nights before me
For I know I know her doom.
She is dead my love, my darling
She will breathe and live no more."

In the last two weeks of the art sessions, Harriet symbolized her foster mother and real mother in several pictures. In her revised painting of "The Mourners," besides the heads of herself and Charles, the girl pointed to a head that stood for her foster mother. She said that the white in her design symbolized the clearing up of problems in her relation to the foster mother. The green, she said, stood for "our problem of domination, that's a very big one that has to be handled yet." Harriet then pointed to the red in the forehead of the foster mother's face and explained, "The red stands for unexplainable angry moods in relation to me, my friends, and my family. It's there and it has to be coped with. The yellowish orange below the red on the forehead stands for future problems. I don't know what they're going to be. But that I face it is a sign that I'm getting better."

In the final art session Harriet brought in an oil painting representing many eyes. She called it "a happy picture because of its bright colors." It consisted of a group of paired eyes and a single eye in the center of the design. She identified the eyes on the upper left side as belonging to the foster mother, while those on



Fig. 34. A Study of Eyes: "I Think One of the Faces Is My Real Mother."

the upper left were her brother's eyes. "The large eye in the center is mine," she added. When she was asked to whom another pair of unidentified eyes in the picture belonged, she hesitated. First she answered, "I don't know"; then she added, "Maybe it's my mother. I'm not quite sure." Thus, in her last design Harriet had included the symbol of her real mother as woven into this pattern of her actual life with the brother and foster mother.

When the patient had been urged to recapture, if possible, recollections which related to her life before she entered the foster home, Harriet had replied, "Yes, I know. I've done it. Don't you remember the line of my poem, written to my own mother, where I said,

'I knew peace and rest
Of the darkness of the day before
I was.'

After expressing her symbolic return to the womb of her own long-lost mother in "the darkness of the day before I was," Harriet now found herself able, in another poem, to accept the separation from her own mother as final. She could write of the fate of her real mother as "I know her doom" and then declare:

"She is dead, my love, my darling
She shall breathe and live no more."

Following this symbolic release from the image of her real mother, the patient seemed ready to deal more directly with her relation to the foster mother. Soon after liberating herself, through her paintings and poems, from the shadow of her uncertain parentage, Harriet was able to say, before leaving the hospital, "For the first time, I feel that I have become an individual."

The Patient Believes She Is Ready to Return Home

Harriet was asked by the chief psychiatrist in the presence of the worker, shortly before leaving the hospital, as to her own wishes about returning home. She was neither hesitant nor evasive in her reply; she felt, she said, entirely ready now to leave the hospital. She explained that her relations with her whole family had improved and added that perhaps it had been her own fault that they had not gone well before. This hospital environment had now become a source of constant strain and irritation to her. She objected to being thrown incessantly with such sick and disturbed patients. She was restless and bored in the hospital because she had no activity there to interest her and nobody worth talking to.

"The only thing that does interest me," she continued, "is the art work with Miss N. But that, I know, I can continue after I leave the hospital. It is through this art work with her and the talks we had that I was able to find myself. For the first time I feel that I have become an individual. I feel that I am ready to go home. I have plans about going on with work at the art school; at the same time I intend to earn money there as monitor."

That Harriet could prepare to leave the hospital with considerable clarity as to the basis of her relation to her family, with a sense of greater understanding of herself through the art experience, and a determination to continue creative work in an art school, while also earning money — these were evidence of the growth and integration of this patient.

The Patient's Return to the Foster Home

When Harriet returned home, her case was carried for another six months in the outpatient department of the hospital. Both the girl and her family either believing or wishing to believe that she was no longer ill, gave little attention to further advice from the hospital staff. Contacts of the patient and the foster mother with the hospital became both infrequent and irregular. Harriet's adjustment, however, during these first weeks at home, was considered satisfactory by the foster mother.

Throughout the summer months the patient went to art school; one half-day each week she spent at her own painting and five other half-days she was posing as a paid model for the art students. In the autumn, because the art school expected her to pose in the nude, Harriet stopped earning money there as a model.

The claim that there were now no problems in the patient's home life was soon disproved when the girl appeared unexpectedly one morning at the hospital. She was afraid, she said, to return home because she had remained out all night with a man whom she had met at the art school. (There had, according to the patient, been no sexual intercourse, but mutual masturbation had occurred during this episode.) The foster mother was called in and admitted for the first time that the patient had been remaining away from home evenings, as well as in the daytime, with her new friends from the art school; she was always returning home from the city late at night. Harriet and the foster mother were informed that unless the patient changed her manner of living and returned home each evening in time for dinner, the hospital would terminate contact with the girl.

Following this interview the foster mother was soon able to report that the patient had begun to return home each evening to dinner and was now becoming interested in a young man who was known to and approved by the family.

Harriet's case was dropped by the outpatient department six months after she had returned home, because the foster mother was unwilling to keep appointments which related to the girl's current problem.

Under the protective conditions of the hospital, removed from the pressure of the foster mother's domination, the patient had begun to work through her conflicts and fears during her periods of art. The transference relation to the worker had remained positive throughout her hospitalization; even in the final week Harriet said that she wished to continue these art sessions when she returned home. Again, within the family group, the patient changed her mind about keeping up the periods of creative expression. After breaking two appointments she sent word to the worker that since she had recovered, she no longer wished to

deal with any of the painful experiences of her past life and her former illness.

The foster mother, like the patient, insisted upon considering the patient as completely cured. Therefore, against the advice of the psychiatrist, this woman insisted on pushing Harriet into training as a nurse's aide. The foster mother's inflexible attitude augured ill for any continued maintenance of the patient's equilibrium as she returned to her life in the foster home.

This summary concerning the patient's return to her family is based upon information obtained from those in contact with the patient and the foster mother until the case was closed.

CONCLUSION

Hereditary and environmental factors unquestionably contributed to this patient's illness. She began life without having known either of her own parents; the father having deserted the family before her birth; and the mother, after the patient's birth, being institutionalized as a mental case. By spending the first three years of her life in an orphanage, the girl had been deprived of a normal family life.

While adoption into a foster home at the age of three introduced the child to parental substitutes, it also thrust her, in the home, into family conflicts that she was unprepared to meet. Lacking the strength to assert herself against the dominance of the foster mother, she used evasive tactics to defend her immature ego. The family seemed to have done little, for some years, to investigate the patient's numerous absences from home, until the consequences of such episodes forced them to have the girl hospitalized.

The influence of certain known traumatic events upon the patient's life was recognized before the inception of the art sessions. These related to the family constellation and the patient's early years in the foundling home. Although other traumatic experiences were suspected, none of them were known until they were revealed by the girl during the art sessions.

The first trauma thus uncovered dealt with Harriet's earliest memory, when at the age of three, anxiety in the presence of strangers made her unable to speak; other traumas related to her first memory pertaining to a warning of sexual danger, in a wood and the murder of a young woman in that same place.

The most important traumatic material released during the art sessions was concerned with Harriet's experiences with men when she wandered away from home. Although fragments of this information broke through in symbolic form in many of the patient's earlier pictures, the full import of these traumatic sexual experiences was not produced until the final weeks of the art sessions. Only then was it possible to piece together the full significance of Harriet's sexual experiences with men when she was away from home. These included several types of traumatic events; two that had increased her sexual insecurity, and a third that had caused her to identify with the suicide of another schizophrenic girl. When the full description of both experiences had been released, it was possible

to re-examine with greater insight the previous symbolic art products of this patient.

When Harriet began the art sessions, specific information concerning her experiences away from home seemed unobtainable. Nor was it known whether the alleged periods of amnesia, which the patient claimed to have experienced, had been genuine or feigned; nor was there any definite evidence as to whether the girl had ever experienced sex relations with these various men. Through the art projections of the girl, elements of such experiences and her forgotten memories of "confused" states were recovered and fully described.

Harriet was able to speak more freely of her personal problems, as her confidence in the worker increased. She now began to verbalize and project in her art the insurmountable conflict with the foster mother. Gradually, with the support of the worker, the patient was able for the first time, to assert herself against the foster mother's dominance.

Before Harriet was able to formulate consciously either her sexual insecurity or her evasive use of fabrications, she created a picture which expressed these problems in its symbolism. She called this design, "Temptation: The Gambler," (Figure 7). In this picture she identified herself with the gambler who strove to avoid life's difficulties by escape into gambling and drink. Her ability to project and interpret this design was made possible by her realization that she must now make an effort to modify her own behavior. "After I have discovered in what way I am creative," she explained, "we can begin to work out a life."

Harriet was able to admit in projective images and in words that she had in the past used evasive tactics to avoid facing her problems. But at this juncture the patient, at her own request, chose to use entire sessions in discussing her problems instead of creating pictures.

With an increase in her sense of personal security, the girl began to uncover more of her long repressed personal fears. In the creation of the picture, "Fears of the Unseen and the Unknown," (Figure 10), Harriet had projected her various fears concerning sex, death, life, and love, which she now declared had disappeared. While the patient was exaggerating as to the amount of insight attained, she had, nevertheless, begun to experience a degree of liberation from these long-repressed fears.

Harriet, when questioned, had denied that she was aware of any emotional responses towards her real parents, whom she had never known; she was, however, soon able to express such feelings in the unconscious symbolism of two pictures. In "My Impression of the Ballad of Reading Gaol," (Figure 11), the patient had released an unconscious death wish against her father and in "Bleeding Leaves on a Windy Day," (Figure 9), she had expressed her as yet un verbalized longing for the mother. These unconscious wishes concerning her real parents, which Harriet would express in the symbolic speech of her art, were not interpreted to the patient. For such projections of her long-repressed feelings were regarded as the initial step in the therapeutic process; only after she had verbalized her personal conflicts was Harriet able to formulate quite spontaneously, her

deep resentment against her father's desertion; finally she was able to give expression to her longing for her mother in a number of poems.

When the patient's more immediate problems had been dealt with, she managed to penetrate those deeper levels where anxiety was projected into states of dissociation. In the painting "The Tombstone and the Face," (Figure 13), the girl was able to face, for the first time, the nature of the split in her psyche. In this symbolic projection she was not at first aware of how much her unconscious had revealed. But eventually she was able to face the truth expressed in her symbols. She could admit that the tombstone with her birth date upon it represented herself and that the inscription, "Here lies one . . . whose body wanders the earth," meant that her mind or soul was dead, while her body continued to live. When the patient had found the courage to face the implications of the frightening condition of dissociation, there was an immediate improvement in her condition. Harriet's periods of depression became less frequent, her vitality increased, and she began for the first time to express a joy of living.

Convinced that she was getting well, the patient now proposed the creation of a group of pictures about her recovery. Since they express the girl's estimate of the therapeutic value of the art sessions, they deserve to be briefly recalled. In the first design, "The Tree of My Illness and My Hand Reaching Out for the Way to get Well," (Figure 15), Harriet dramatized the transitional period of her recovery; she emphasized the importance of her own efforts, as well as those of the worker, in bringing this about. She could state about this picture, "My problems haven't cleared up altogether. I just understand them."

In the next picture, "The Receding Face of Her Illness," (Figure 16), a huge blue face, instead of a bare black tree, symbolized her illness. The patient has here expressed her recovery by an identification bracelet, marked with her own name, which is falling off the face of her illness.

The two other designs in this series (Figures 17 and 18) give a retrospective survey of Harriet's illness and symbolize the steps in the process of her recovery. In these pictures Harriet made the first use of the symbol of herself with face divided; the covered portion on the right side expressed the immature aspects of herself and the well-defined features on the left represented the new insight gained during the art sessions. From the visible eye in the second design, (Figure 18), a series of colored rays were said by Harriet to represent her new realizations about her own life; these included a comprehension of her early childhood memories, the working through of her relation with the foster mother, and a deeper understanding of the problems of sex.

A four-petaled flower in violet and blue appears at the base of this design. This, said the patient, "is the flower of health which we succeeded in accomplishing for the first time and these (pointing to golden drops falling from the flower) are tears of joy at my recovery."

The patient's interpretation of this group of four designs illustrates vividly the psychodynamics of her art expression. Her comments give evidence of the degree of insight that she had attained in the fourth month of her art work. It

also shows typical forms of schizophrenic art projections which were given additional significance by the patient's ability to interpret their subjective meaning.

Having gained a degree of security, the girl stated that she was "no longer afraid to look back" and she therefore set to work to recreate in pictures the memories of her childhood and adolescent experiences. In the last water colors of this series, Harriet was able for the first time to project patterns of the "confused" states which she had experienced prior to her breakdown. Having dared to "look back," to project these frightening experiences in pictorial form, the girl was now able to speak more freely of those summer months before she was hospitalized. The release of anxiety through discussion of her art with the worker again carried the patient ahead in her efforts to integrate her splintered psyche.

The creation of two entirely objective and unified paintings, "Two Jars of Spring Flowers," (Figures 31a and 31b), which followed, no longer reproduced the fragmentation evident in the previous art sessions. Such designs could be objectively judged as the expression of nonschizophrenic art.

The shifting ego states of this patient, so typical of the condition of the schizophrenic psyche, are represented in her narcissistic self-portraits. The variation in artistic styles, ranging from fragmented projections and geometrized forms to inwardly subjective and outwardly realistic expressions of herself, point to the changing ego levels that the patient was experiencing at the moment of each production.

The general trend of the patient's art during the six and a half months moved toward integration but, as was to be anticipated in schizophrenia, sudden reversals into archaic regression would recur. It is interesting to note that such regressions were more evident with narcissistic self-portraits than in the other designs. The apparent correlation between the shifting ego levels in schizophrenia and the narcissism in these portraits deserves further analysis in a later paper.

The rapport established from the first art session by the worker with the patient played an important role in the release of her unconscious art projections. Positive transference was maintained throughout the sessions. As the difficulties in Harriet's relationship to the foster mother were worked through, it was possible to make her aware of the difference between the foster mother's and the worker's attitude toward her. The nature and meaning of transference were explained in simple terms. To illustrate this, the manner in which the worker had entered the temporary role of mother substitute in response to the patient's need was referred to. The patient had replied, "Yes, that was true at first, but that has changed. You are more of a friend, wise adviser, and teacher." The patient's relationship with the worker was then no longer the repetition of the childhood pattern, but became the creation of a new relation with a mature adult who could respond to her needs.

When the patient concluded these art sessions and returned to live in the foster home, she left the hospital with a sense of having for the first time found

her center as an individual. She had tested the quality of her creative power in terms of the reality standards of the outside world by making a successful adjustment in a regular art school. She was able to earn money at a part-time job and was eager to return to the foster home.

From the viewpoint of the worker, it had seemed regrettable that the girl was allowed to leave the hospital before the art therapy phase concerning the men friends had been concluded. After the return to the foster home environment she became inaccessible. Both the family and the patient wished to forget that she had ever been ill and that she might still be in need of further treatment. As a result of this attitude, Harriet, who had, prior to leaving the hospital, asked for a continuation of the art sessions when she returned home, suddenly changed her mind. Now that she was "well," Harriet declared that she did not wish to recall any more of those memories associated with her past illness.

Withdrawal of cooperation by the foster mother, as well as the patient, made it impossible for the hospital and the worker to maintain further contact with this girl.

II. The Psychodynamics of the Art Expression of a Twenty-Five Year Old Schizophrenic Girl

INTRODUCTORY STATEMENT

This study will consider a series of paintings and sculptures made by Elaine, a twenty-five year old girl of Anglo-Saxon parentage. Her condition was diagnosed at the New York State Psychiatric Institute and Hospital as dementia praecox hebephrenic.

The art sessions were begun on the advice of Dr. Philip Polatin, Associate Clinical Psychiatrist at the Psychiatric Institute, after the patient had been living at home with her mother for four years following hospitalization. The girl had been twice hospitalized: the first time when she was nineteen, for ten months; then for another three months, some nine months after the first hospitalization period.

Before considering the development of Elaine's art expression which she produced five years after she left the hospital, a clinical summary covering both periods of hospitalization and a review of intermittent psychotherapeutic treatment prior to the present art sessions will be given.

The paintings and sculpture created by Elaine during seven months of weekly art sessions will then be described and discussed in terms of their symbolic significance in relation to the girl's un verbalized conflicts. The psychodynamics of this girl's art expression divides into a number of distinct phases. Her introductory water color sharply projects in symbolic form the nature of the schizophrenic split in her psyche. For the following five and a half months the patient continued to express herself by creating modeled forms. The first group of small heads was reminiscently suggestive of several archaic styles; the second group of somewhat larger torso figures was definitely connected with her relation to her mother and to aspects of her divided self; in the third group of sculpture a number of strikingly archaic shapes appeared; these included sphinxes, horses, and a priest's head which were alternated with a number of more

realistic and more easily recognizable modern forms. The last six weeks of the art sessions were spent by Elaine in a return to painting. She created a series of landscapes in oils, which attempted to mobilize into symbolic designs the shifting levels of her efforts at integration.

In the concluding section, the factors in the mother-daughter relation will be reviewed and correlated with certain traumatic experiences in the patient's childhood and adolescence. The girl's poems as well as her painting and sculpture will be introduced to explain the nature of her decisive struggle against the dominance of her mother.

CLINICAL SUMMARY

The problem, at the time of hospitalization (five years before the present art work was undertaken), was that of a nineteen year old girl, who had begun to lose interest in her work and who had become dazed and bewildered and had auditory hallucinations.

Family History

The grandparents were all of old New England stock. The mother took particular pride in her own distinguished family background. There were no known physical or mental disorders in either the maternal or paternal line. The patient's father was twenty years older than the mother; the father was a business executive; the mother was a successful newspaper woman. The parents were divorced when their only child was two and a half years of age. Neither of them remarried. The mother stated that because of the child's condition she remained single. She was tense and nervous and had been subject to neurodermatitis in recent years.

Personal History

The patient was a wanted child. Her birth was said to be normal; the pathological elements in her early development are not known. She was breast-fed for one year. The child was gay, affectionate, and imaginative. She was frightened by loud sounds and crowds; she was spoiled by the father and disciplined by the mother.

The patient lived with the mother until she was five; she was then placed in the care of the maternal grandparents in New England because of the mother's professional career. The mother would spend the summer with the child and have the girl pass the Christmas holidays with her in New York.

At six the girl began school and always led her class; she was precocious and finished high school in three years. She showed interest in writing poetry and studying philosophy. She became sensitive about her extreme height. At the age of thirteen, with the onset of her menstrual periods, she withdrew from contact with her family, becoming indifferent and resentful. But she continued to

maintain good relations with her schoolmates. The girl seemed uncertain as to what she wanted to do with life, apparently obsessed with a need to accomplish something. At the age of eleven she remarked, "I should not be wasting my time. I want to go out and do things. Mother is working as a newspaperwoman. Why don't I do something?" At various times she thought of being a missionary, an archaeologist, an actress, or a writer like her mother.

On various occasions the patient expressed her concern over not having a father and wondered how it would feel to have one.

During the years prior to her illness the girl had two disappointing love affairs at the ages of sixteen and eighteen; both men were some years older than the patient. Neither of these affairs was considered as serious by the mother. The first man was unacceptable to the girl's family for two reasons: he did not belong to their social set, and he encouraged the patient's adolescent rebellion against the family's New England tradition. The mother made a point of emphasizing, when the love affair came to an end, that it was the daughter who broke off relations with the young man because he was too demanding.

The mother reported that at the age of sixteen and a half, the patient had been much worried with thoughts of lesbianism. She had read "The Well of Loneliness" and was horrified by it. "How," she asked her mother one day, "do you know that you are not a lesbian?" The mother replied that "you definitely know." The patient answered, "I would rather die than be a lesbian." The mother felt that she met the problem by telling the girl that she was "having an emotional orgy and should snap out of it immediately."

At seventeen the girl had completed finishing school and came to New York with her mother; she did satisfactory work in university extension courses in French, ancient history, and literature. Her second love affair, which occurred at this time, was broken off the following winter, after her mother had sailed to fill a reporting assignment abroad. The girl had then shifted from a business to a dramatic school and seemed interested in her work.

Onset and Symptoms of Present Psychiatric Disorder

The onset of her present illness occurred at the age of nineteen, soon after she had been left alone by the mother's departure. The patient began to be late to class, had difficulty in memorizing, and failed to keep appointments. The aunt was called to New York and took her back to the grandparents' home where she spent the summer. "When mother went away," the girl told her aunt, "I seemed to go haywire. I got to worrying about things. The only thing I'm afraid of is crowds and lesbians."

Over the summer she maintained her contacts with relatives on a superficial level, but was unable to see her friends because of facial distortions. She appeared to be hearing voices all the time. In view of her continued preoccupation and unexplained outbursts of laughter, the patient was brought to the Psychiatric Institute for insulin therapy.

Mental Examination on Admission

On admission she appeared restless and extremely evasive, but she was cooperative. She often blocked in her speech or adopted an affected manner of speaking which was frequently difficult to understand. At times she appeared preoccupied, living in a fantasy world, laughing and singing; she would have frequent outbursts of inappropriate and unprovoked laughter, accompanied by facial contortions and grimaces; these appeared to be prompted by her auditory hallucinations. She denied any paranoid ideas, delusions, or other trends; she denied any homosexual or heterosexual experience. She was well oriented in all spheres and in good contact with her surroundings.

Her intelligence rating appeared to be that of a very superior adult. Her I.Q. was 137.

The electroencephalogram, as reported by Dr. B. L. Pacella, showed a borderline normal record.

In a sodium amytal interview the patient brought out considerable material not previously presented. She spoke of her feelings about her father and indicated that her mother and the family had been resistive to any attempts on her part to get in touch with her father. She spoke of her conflict with her mother and her desire to gain her independence. She also related for the first time, details of the love affair which had occurred prior to the onset of her illness. During this second love affair, she said that the boy friend had been unfaithful to her. The patient was much hurt at this incident and when this young man met her, after her mother had left for Europe, she put on an act in which she pretended that she had been having other love affairs. The man was much upset and as he left her that day the girl thought that she saw his lips move, and although she could not hear him, she nevertheless had an hallucinatory experience during which she heard him say, "I will never see that girl again." It was subsequent to this experience that the patient's clinical symptoms developed.

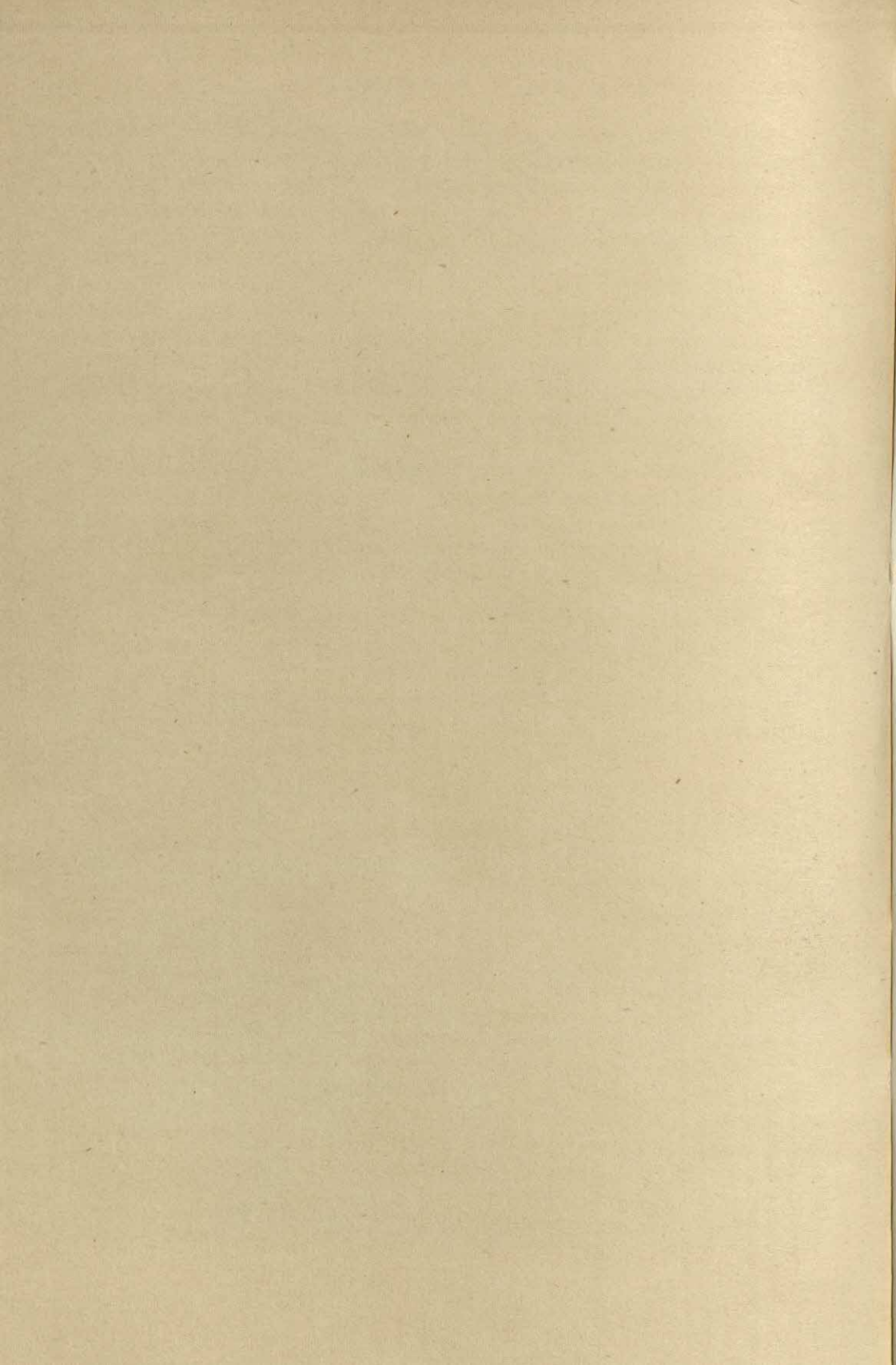
A possible precipitating factor in the patient's breakdown was buried in the record of the sodium amytal interview. There, the patient mentioned that she was playing leading lady in a dramatic school performance of "The Silver Cord." This well-known play by Sidney Howard deals with the failure of a grown son to break away from the binding tie to his mother. "The Silver Cord" is the umbilical cord. And the theme dramatized in this play was also Elaine's conflict.

When the girl was questioned by the psychiatrist she said that she did not know why she suddenly left the cast of the play. But she said, "The play made me feel sick. It just nauseated me."

Of the girl's effort to gain independence from her mother, she made one revealing comment during the art sessions. On the only occasion in which she spoke of her illness, the patient volunteered information about the period spent in New York before her illness: "I felt proud of being in New York by myself when I was eighteen." This comment gave a sign that the struggle for independence was not forgotten even though it had failed.



Figure VIII., Young Woman with Growing Plant



The patient, while hospitalized, received a complete course of insulin coma therapy, with slight improvement in her mental condition which was, however not sustained. There was, nevertheless, a definite improvement in the patient's condition, with some reduction of inappropriate laughter and less tendency to preoccupation. She was paroled in the custody of her mother.

Second Period of Hospitalization

The patient was returned to the hospital because of the return of her symptoms after she had been home nine months. She was friendly and cooperative, but remained inaccessible to psychotherapy; she presented a paucity of ideas and it was extremely difficult to obtain pertinent information from her. At this time, when her mother helped her to change her typewriter ribbon, she was overheard mumbling, "I'm *not* inadequate."

During this second period of three months, the patient received another course of insulin therapy but showed little improvement at the time of her discharge. An intelligence test given at this time showed no significant change from two previous psychometric examinations given five and nineteen months earlier. In all three tests, the patient obtained an I.Q. of 137.

Subsequent Treatment After Parole in Custody of the Mother

During the subsequent five years, the patient was seen once a week by Dr. Polatin, whenever she was in the city with her mother. When any attempt was made to obtain "deep material" she would resist by intensifying her inappropriate giggling and laughter. She maintained superficial contacts and was able to travel about the city alone. She took instruction in painting, but was asked to drop some extension courses because her inappropriate laughter disturbed other students.

The prognosis was considered as very guarded.

The Mother-Daughter Relation

The patient lived alone with her mother after the second period of hospitalization. Contrary to the psychiatrist's advice, the mother gave up her professional work and devoted herself entirely to the care of the daughter. The too close and incessant contact between mother and daughter added to the strain of their relations. The mother's inevitable direction of the daughter's life made it impossible for the patient to re-establish any degree of independence.

When the mother told the worker about the daughter's first unhappy love affair, she explained the reasons for her disapproval of the young man. She described him as "a rebellious nonconformist." "I know he hated me," she said. "He was crude and without good manners. I know that to Elaine he scoffed at our social set. But he was a gifted painter. He had no money and later turned to writing for a living."

While the mother protested that the first love affair had not been serious, the girl's poems, to be quoted later, suggest the contrary. The second affair, which

probably occurred as a rebound from the earlier one, seemed to have meant less to the patient.

At the time when she became ill, Elaine was living alone in New York and the mother was abroad. She was then going to dramatic school, after shifting from both secretarial and English courses.

During psychiatric treatment, while hospitalized, and in the five subsequent years, the patient was unable to produce any "deep material." Since the girl, after her breakdown, verbalized so seldom, the poetry which she wrote between the ages of sixteen and nineteen, before she was hospitalized, gains in importance. In her poems, Elaine spoke of both love affairs; she attempted to evaluate them in retrospect, charging her words with the joys and sorrows, as well as the longings and frustrations, of these experiences. She spoke often, also, of her own inadequacy and of her sense of disillusion about life and people. In one poem she voiced a desire to escape from her present life into ancient and distant places. A fantasy, perhaps, of what she later attained by escaping into periods of dissociation.

In no poems did the patient give expression to that rebellion against the authority of family and mother which had been prominent in the attitude of her early adolescence. It is possible that in failing to pass through the usual adolescent opposition to the puritanic views of her family, Elaine had never succeeded in becoming independent of their authority. This probably halted the development of her ego and blocked the growth of relationships outside of her family.

The Patient's Appearance and Military "Costume"

Elaine was tall and slender, but somewhat awkward and erratic in her gestures and movements. Her face, when composed, recalled the somewhat ethereal form of the young women that Rosetti painted; her head was poised on a long and slender neck and her face was narrow with full curved lips. At the age of twenty-four she gave the impression of a girl of eighteen. Arrest in maturation had therefore been simultaneous with the onset of her illness.

The patient wore a khaki-colored, military-style "costume" whenever she came to the studio. The mother complained that Elaine would wear no other clothes even when they were invited to formal functions.

This costume consisted of a military-style overcoat, a narrow GI cap, a khaki wool scarf, and gloves. Beneath such outer garments Elaine also wore a khaki-colored shirt and tie, a wool skirt, and khaki overblouse. On her cap the girl sewed a number of gold buttons; an array of military insignia decorated the lapels and sleeve of her overcoat. Several of these designed she invented, others were genuine army patches, and some were picked up at the five-and-ten-cent store.

She has presented herself wearing her GI cap in one of the water-color self-portrait sketches made at home before the art sessions were begun (Figures 35a and 35b). These heads show extreme distortion in the fetus-like form of the forehead and the peculiar squaring of the chin.

The mother regarded the daughter as willful in refusing to wear more

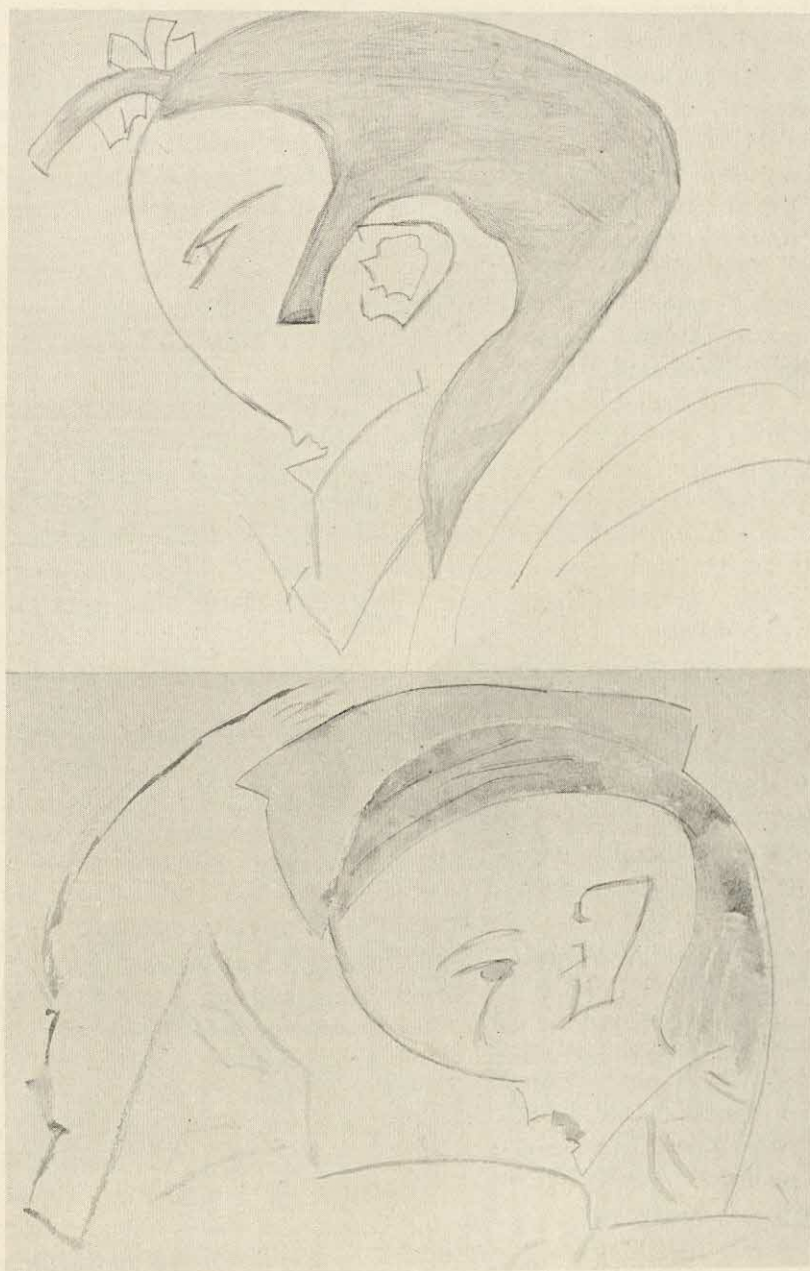


Fig. 35. Two Stereotyped Self-Portraits
a. First Head
b. Second Head

feminine clothes. She considered the girl's constant use of this costume as an unnecessary rejection of convention. The mother admitted that she was convinced that these military clothes kept young men from being interested in her daughter. Efforts to develop insight in the mother as to the significance of this costume were unsuccessful. She would not see that Elaine's military uniform might have a symbolic meaning and she argued against tolerating the girl's idiosyncrasies. "There are some things to which one has to conform," she said. "I don't mean just social matters, but things like the problem of Elaine's military costume and her extravagance with money."

The girl's determination to use nothing but her costume in spite of the mother's attempt to induce her to wear more feminine attire, suggests that such military clothes may have been the patient's last line of defense against domination by the mother.

This soldier-like costume was apparently developed by Elaine to compensate for the frustration of her desire to aid in the war effort. Since she had been prohibited on the score of her health, from working with the Red Cross or offering her blood, she probably created this special military uniform as a substitute. Such attire also expressed her uncertainty about her own sexual role. The mother told of her personal embarrassment when young soldiers enquired as to what this costume represented; she would always reply that it stood for an order of voluntary service.

When asked by the worker as to the meaning of her costume, Elaine replied, "I sometimes serve at a canteen."

The patient's expressed fear of lesbianism suggests that this military apparel may have served as a channel for releasing some aspect of repressed masculinity.

The girl's resistance to the dominance of the mother, which could no longer be activated in any form of planned rebellion, was clearly expressed in two portrait sketches (Figures 36a and 36b). In these angular and bony profiles, the patient has captured something of the mother's aggressive and compulsive personality. The symbol of the rake* that she had substituted for the mother's hand suggests the girl's dread of the mother's possessiveness.

Elaine rarely made a direct response to a specific question about herself; but in the fourth month of the art sessions the patient listened attentively as her ambivalent attitudes toward the mother were analyzed. The girl was told that she seemed to behave in two contradictory ways with her mother; that sometimes she liked to act like a little girl and have her mother make all the decisions for her, and at other moments she would become stubborn and do everything against her mother's wishes. "Yes," acquiesced Elaine, "that's so." Incoherent mumblings followed as she was unable to continue the discussion. Such an admission gave evidence that the patient was now in more direct contact with the worker and showed that she had gained some insight about herself.

*This rakelike form, drawn as substitute for a hand, is often found in the drawings of children and savages.

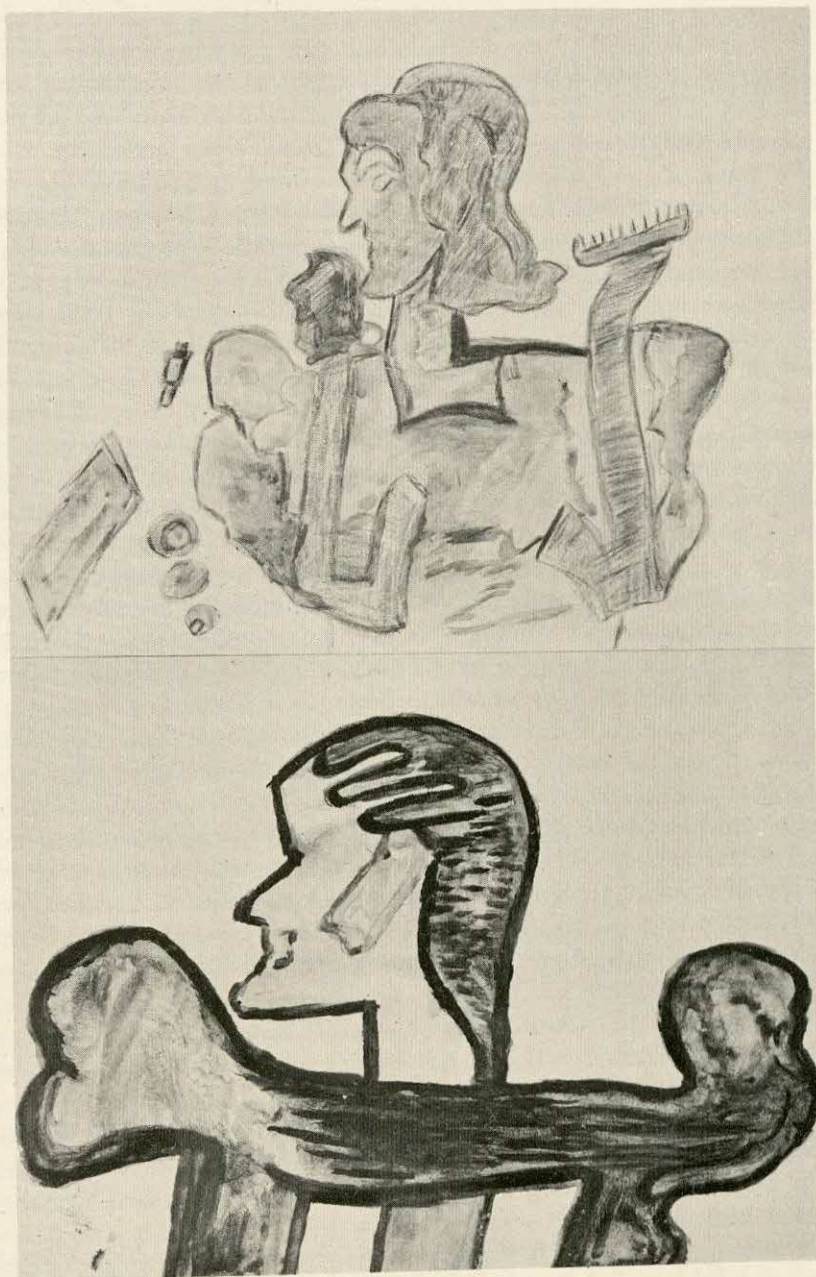


Fig. 36. Two Symbolic Portraits of the Mother
a. First Portrait
b. Second Portrait

THE PATIENT'S APPROACH TO THE ART SESSIONS

The patient had studied painting with a teacher for two years after her hospitalization. When this man left the city, she was incapable of sustaining her work in oils by herself. The mother claimed that her painting had received considerable attention when publicly shown. Some of the landscapes which hung in the home, showed originality of expression and distinction in the use of color. In the hospital the patient had begun to do a little drawing and modeling for the first time; stereotyped copies of a dog and a pretty child's head, made in occupational therapy, were shown to the worker but gave no hint of originality in plastic expression.

During the first few art sessions the patient seemed anxious and uncertain. When she entered the room she would resist the idea of taking off her outer garments; after her overcoat was removed she would still keep on her gloves, scarf, and GI cap. In the first few weeks, she showed dread of any possible physical contact; she would shrink away if her work was approached and often turn her back on the worker as she mumbled replies to attempted questioning.

It was difficult at first, to establish rapport; an experiment was therefore made of serving tea after each art session as a means of putting the girl more at ease. The patient enjoyed staying for tea and cake after work had been put away. At first she continued to put on her hat and gloves before she drank her tea; she would also carry her cup across to the further side of the room and either drink the tea standing up or sit down at a table some distance from the worker. As the weeks passed and she became enthusiastic about the art sessions, she began to sit down beside the worker at the tea table and sometimes carried on a sporadic conversation.

In the earliest art periods, Elaine showed considerable uncertainty as to what to make; she would glance anxiously around the studio for an object to copy. She was urged to express in her pictures and sculptures what she felt rather than copy the work of others. While the patient sometimes tried to make a copy of something in the room, the resulting creation usually had little resemblance to the original object.

After the girl had overcome her initial resistance to beginning, she always completed her work quickly. But when she felt through with a piece of sculpture or a painting, it was impossible to get her to go back to it. Her inability to plan in advance, or to sustain her original interest on a piece of work until the next session, showed as a typical schizophrenic response.

As Elaine rarely knew ahead of time what she wished to make when she came into the studio, it was impossible to give her assistance in the form of a prepared armature for her sculpture. She paid little attention to any practical suggestions concerning technic and worked ahead impulsively until her attempt either succeeded or failed.

The patient began the art sessions with painting, but at her own wish shifted to modeling in clay for more than six months. In the final five weeks she chose to return again to painting.

(For an explanation of the methods used in developing "free" art expression see pages 45 ff.)

First Art Session

The patient came to the first art session an hour ahead of the appointed time. The mother said later that she was ready to come two hours ahead of schedule.

On her arrival, Elaine mumbled that she had wanted her mother to come upstairs with her. But as she became interested in what the room contained, she forgot about her mother. She said that she liked the place and added, "Mother told me I would."

The girl introduced the subject of "taking a few lessons so as to be able to improve my work for an exhibition." (The mother later explained that she was hoping to exhibit some of her paintings in her home town when she returned to New England.) The patient said that she wanted help in developing "a better technic" and "more style" in her work.

From the first day, an effort was made to get Elaine to express what she really felt instead of depending on models to copy. Her superficial use of the jargon of art was based on a few phrases she had picked up and soon forgot. She was made to understand that if her creative work was to develop, it must grow from her own experience. But she was assured that whatever assistance she might need would always be available.

Behind Elaine's reference to a future exhibition was hidden the mother's identification with her daughter's creative expression. As the art sessions continued and the girl chose to develop a series of archaic sculptured forms, the mother was disappointed, for she feared that they would not be suitable for Elaine's exhibition at home; the mother persisted therefore, in her efforts to get the daughter to return to painting. She would slip the girl's paints into the bag each week as she came to the art sessions; one day, evidently influenced by the mother's attitude, Elaine came into the studio saying, "I guess *I ought* to paint."

The mother, when questioned, denied that she would rather have Elaine make paintings than sculpture; but when she came to understand the therapeutic value of allowing the daughter to express her preference for modeling in clay, she became most cooperative. Soon she gained as much satisfaction from the girl's sculpture as she had from her previous pictures.

Young Woman With Growing Plant: A Symbolic Statement of the Schizophrenic Split

Elaine glanced around the studio for something to "copy." She eventually chose five objects as models for her first design; these were a sculptured wooden figure of a woman, a very tall plant, two pewter candlesticks, and a small green

stick of wood that stood upright in the corner. The manner in which the patient distorted these forms and changed their position in her painting of a "Young Woman with Growing Plant," (Figure 37), reveals symbolically the nature of her conflicts. When the girl's first water color was completed, she made no comment as to its meaning, but her unconscious had spoken in the symbolic pattern of her design.



Fig. 37. Young Woman with Growing Plant.
Color plate facing page 152.

This young woman is clearly herself. In copying the figure, Elaine had changed the face into that of a young girl. The proportions of the young woman's figure were increased to equal those of the plant. (The real plant was five times the size of the sculptured figure.) In the patient's painting, the large upright band of purple, which separates the plant from the girl, had been expanded from a small green stick, which stood in the same upright position against a bookcase, on the floor below the sculptured figure of the woman.

In Elaine's design, the pewter candlesticks were the only objects painted without distortion; the shadow of one candlestick however, was modified into a huge purplish column which projected into the foreground of the picture.

As the girl worked she paid no attention to the way one color ran into another. This accounts for the trickle of green paint on the brown figure of the young woman.

The distortions imposed by Elaine on the form of the woman's body reveal clearly the nature of her problem. The girl transformed the original statue, which stood erect and well balanced on its own feet, into an unsteady and lopsided figure. She painted the body so that it tilted to the right and she made the limbs on the left side weaker than those on the right. The left arm and leg were both shrunk and the left leg was bent over at the knee and painted without a foot.

Consider the patient's symbolic projections, as related to the left and right sides of this female form. In the symbolic tradition of the ancients, the left

side of the body is represented as feminine and the right side as masculine in many of the bisexual images.*

In maiming the left side of the girl in her painting, Elaine may have been symbolizing her sense of insecurity about her own femininity; in strengthening the right side, she may have been affirming the masculine component of her psyche as expressed in the wearing of her military attire. Such distorted representations as are evidenced in the form of the girl in this painting suggest that Elaine had remained in a state of confusion as to her sexual role. Her previously expressed anxiety concerning lesbianism reinforces this uncertainty.

The composition of the picture, as well as the form of the young girl, is divided into two distinct parts; one to the left of the purple strip, the other to its right. The growing plant as well as the girl's form can both be considered as representing the patient. Behind the girl, the background is unevenly painted in dark and sombre tones of blue-green and yellow-green; these are suggestive of a disturbed condition. The left side of the design includes, besides the distortion of the woman's shape, a peculiarly inflated candle shadow. The troubled background, the distorted figure of the woman, and the overwhelming shadow, all arise from the left or unconscious aspect of the patient's psyche; they spread across two thirds of the picture.†

To the right of the purple strip, Elaine has painted the growing plant against a background of luminous and restful yellow-green. This smaller and more unified section of the picture on the right suggests a certain striving by the patient toward a unification of the schizophrenic split in her psyche.

In creating this symbolic design, Elaine seems to have modified the original light green of the studio wall which had formed the original background to the sculptured figure and the growing plant. By keying the tone of the green background up or down, to suit the mood of the two sides of her painting, the patient

*For comparison see ancient Indian and Chinese sculpture expressing duality; the left side of such figures is feminine and the right side masculine. For the Indian concept of Shiva-Shakti, "The Half-Woman Lord," see Figure 70 in H. Zimmer's "Myths and Symbols in Indian Civilization" (Pantheon, New York, 1947). For the Chinese expression of the male-female concept, see the sculptured forms of Kwan-Yin. For references to the Jewish Cabalistic tradition on right-left meanings, see the appendix to "The Zohar," by Maurice Simon, Vol. V. p. 403, translated by Harry Sperling and Maurice Simon (The Soncino Press, London, 1934). The distinction between 'right' and 'left' in the Zohar is used in several senses. But the one that concerns us here refers to the grades of emanation of the Sefiroth showing that "In one sense, right and left seem to be used simply as a variation of 'male' and 'female.' *Hokmah*, (the father) being 'male', is on the right, and *Binah* (the mother), being 'female' is on the left. Similarly, *Hesed*, being responsible for the 'male' waters, is on the right, and *Geburah*, being responsible for the 'female' waters, is on the left. The supreme grade, *Kether*, being beyond the division of male and female is pictured in the centre."

†In "The Mythology of the Soul," H. G. Baynes discusses the symbolic recurrence of such a split in the art work of two borderline schizophrenic patients. See Introduction, pp. 21 to 26.

achieved a symbolic expression of her own feeling of her divided personality.

The emotional immaturity of the patient was revealed in her childlike comment as she left that she would "do some homework" for next time.

FIRST PHASE OF MODELING: The Patient's Approach

When the patient began to model, she showed the same uncertainty as to choice of subject as in the first art session. But when the girl had overcome her insecurity, she plunged suddenly into work and continued rather steadily each time, until her piece was finished. She would spend from an hour to two hours at her modeling. But she paid little attention to suggestions about improving her methods of handling either the tools or the clay. When urged to use both hands at once in modeling, she said that she was not left-handed. Nor was she bothered about the condition of the clay which she used; it was therefore always necessary to prepare it in advance.

The style developed by Elaine in this series of small sculptured heads differed from her earlier and more conventional work at the hospital. During five successive art sessions, she continued to model archaic forms reminiscent of various ancient cultures. But at no time did she make any comments that revealed their special meaning to her.

A Gnomelike Head

Before the second art period, the patient's mother and the worker arranged to keep in touch with each other by telephone; in this way any episodes at home which might influence the girl's responses in the studio were reported regularly; the mother was likewise informed of Elaine's reactions and creative activity during the weekly art periods.

The patient was able to travel to the second session by herself. When she came into the studio she greeted the worker more naturally. Nor had she forgotten her plan to begin new work in clay. Shifting her glance about the studio she sought some object to copy. She said that she wanted to make a head but did not know how to begin.

The girl was given some clay and two simple modeling tools. It was suggested that she attempt to carve the desired head out of a square clay block in the manner of a sculptor who brings forth his figure from a piece of stone. (It was, however, some months later before the girl had gained the power to release the imagined form directly from a cubed block, without adding additional pieces of clay for features or limbs.)

When it became evident that she was as yet unable to follow this suggestion of direct carving, she was encouraged to work at the modeling in her own way.

For two hours the patient remained at work on her first head (Figure 38) until it was finished. Several times she stopped to look out of the window or smoke a cigarette. While she seemed absorbed in what she was making, she failed to

observe that her piece of sculpture was in danger of collapse. She paid no attention to warnings and behaved as though she had not heard them. It was necessary, therefore, to point out to Elaine the need of strengthening the neck of her clay form if its head was not to sink down into its base.

This first piece of sculpture had a distinctly archaic and gnomelike quality (Figures 38a, 38c and 38d). The same Panlike smile and form of stylization were discovered by the worker some months later, on a neolithic Spanish jar formed in the shape of a head (Figure 38b)(2).

In creating her first head, the girl's method of stylization employed incision for eyebrows and eyes; in the heads that followed she used this same technic and also began to cut deeply into the hairline along each forehead (See Figures 39, 40, and 41).

In her first piece (about five inches high), the girl modeled the head form and then stuck on the nose and ears. It then became necessary to point out the need of attaching these features more firmly to the head. She was ready to accept this practical suggestion, but again she ignored advice that she use her fingertips more and her modeling tools less in her work. That Elaine was often too withdrawn to hear what was said to her was shown conclusively, several weeks later, as she created a double-faced figure.

While often hesitant about beginning her sculpture, Elaine would, when once she had started her sculpture, move ahead without asking for assistance. But when she felt that a piece was finished, she seemed incapable of returning to work on it again. That the patient was aware of the stereotypy in her previous sketches which she made at home, became evident when Elaine showed these drawings to the worker and said, "I always make the same kind of head when I make heads."

Head with Geometric Hair Pattern

In the fourth modeling period, Elaine produced a head that again repeated the decisive separation of the hair from the forehead (Figures 39a and 39b). The peculiarly squared geometric pattern of the hair is noteworthy. Such stylization was added by the patient after the head had been shaped in a more naturalistic way. In other sculptured forms of human beings, as well as sphinxes, Elaine would on many occasions alter her technic suddenly, changing from a naturalistic to a more stylized form of expression, but at no time did she explain her reason for such a modification in style.

On this day the subject of the relation between the older and younger generation was introduced in an attempt to draw some specific response from the patient. As a result Elaine spoke of her own difficulties at home and said that she wanted her independence in order to do things by herself and that she did not want to be treated as a child by her mother.

The girl was now able to express what seems typical in the life pattern of many adolescent schizophrenic girls, namely, her wish to be independent of the mother and her *inability* to free herself from the mother's control.



Fig. 38. Gnomelike Head
a. Front View
b. Neolithic Spanish Head
c. Right Profile
d. Left Profile





Fig. 39. Head With Geometric Hair Pattern
a. Front View, Hair Squared
b. Side View

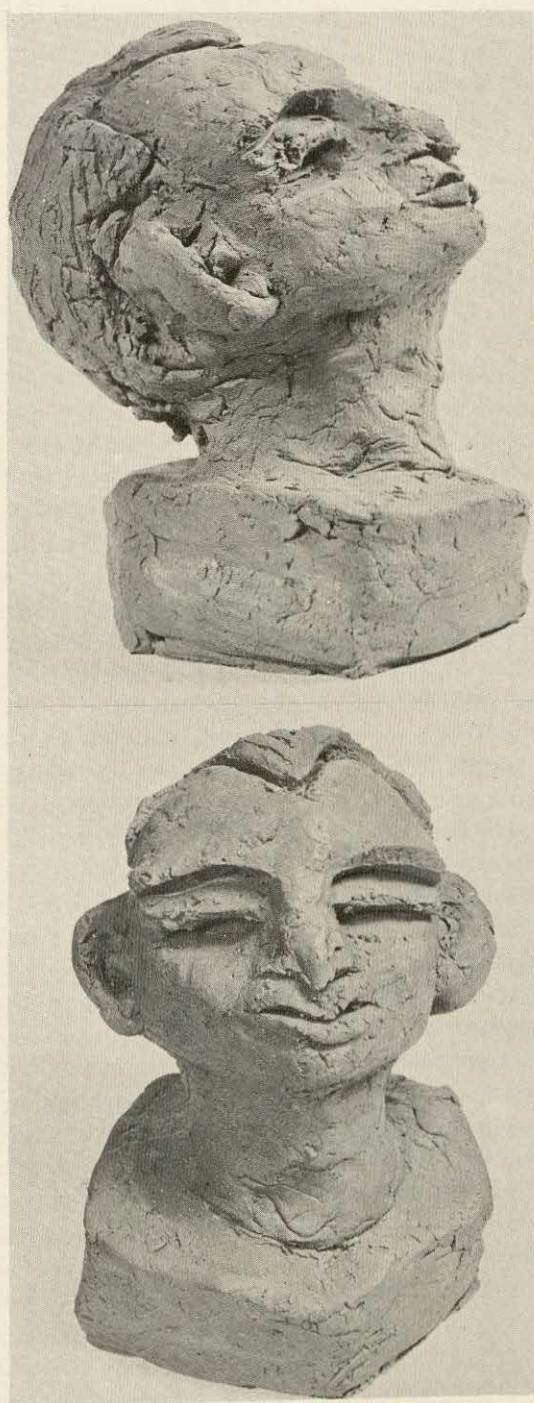


Fig. 40. Gargoyle-like Head
a. Side View
b. Front View

The Gargoyle-like Head

In the fifth art session Elaine made two figures. But before beginning to model, she said, "I *ought* to paint." Her inflection suggested that behind this remark lay the influence of the mother to give up sculpture for painting.

The small head, (Figures 40a and 40b), is suggestive of some of the Gothic gargoyles found on the cathedral of Notre Dame in Paris. The face is distinguished by its flattened nose and receding forehead and is reminiscent of those medieval animal-man constructions.

This was the first head in which the patient succeeded in carving both ears and nose directly out of the block of clay, instead of sticking them on afterwards.

The Double-Faced Figure

The other figure modeled in this fifth session (Figures 41a, 41b, and 41c) showed certain modifications in style and content. Elaine had spoken on several occasions of wanting to make a torso, but she always became afraid to experiment with this more complex form. Now, for the first time, she went so far as to add shoulders to the head that she was making. She began by modeling a woman, (Figure 41b), who wore a snoodlike headdress. As she worked on the back of the shoulders, the girl would lean across her figure instead of rotating the modeling stand. Several times, she was advised in vain to turn her figure around so as to work more easily on the rear of the figure. But again, the girl seemed unaware of what was being said to her. Finally the worker rotated the modeling stand.

The girl went ahead without a break. But now she made use of the smooth surface of the snoodlike formation on the back of the head, to add a second face to her figure. This one was distinctly male in appearance (Figure 41c).

It was again necessary to rotate the stand for the patient when she failed to do it herself. (The female face had been blurred by finger pressure as she worked on the other side of the head. Then, for the first time, Elaine became aware that she had placed two faces on the opposite sides of the same head. She laughed in a strained manner as she discovered what she had done, "Why, it looks Chinese." There was some truth in her comment.

Embarrassment at having placed two faces on a single figure, (Figure 41a), caused the patient to suggest that she eliminate the woman's face entirely. But the worker succeeded in saving the original double-faced form from destruction by urging the girl to begin another figure. The shocked surprise of the patient upon discovering that she had created faces on both the front and back of her form showed how profound had been her state of dissociation at the moment when she had produced this true image of the split in her psyche.

Elaine had previously painted another similar design before she began art sessions with the worker; this also expressed both the masculine and feminine aspects of herself (Figure 42a).

In many ancient art products, double- and triple-faced images are found. An example of such a two-faced figure, (Figure 42b), from an ancient cylinder seal is introduced for comparison with the patient's double-faced heads. When Dr. Nolan D. C. Lewis first saw Elaine's art he commented on the special signifi-

cance of her two-faced figure. While today, Dr. Lewis observed, such a projection of a male-female form is regarded as both incomprehensible and archaic, it was in ancient times a form of expression quite natural and normal to man. Since few individuals in our culture would now bring forth such unfamiliar symbols from the primary unconscious, we tend to regard them as abnormal manifestations of the mentally ill. But to the student of symbolism such archaic projections of man's unconscious can be traced back to patterns of primitive worship and magical practice in many ancient cultures.

Because the girl was evasive and silent about the double-faced figure that she had projected, an effort was made to speak to her of the nature of duality as it concerns the conflicts within the individual. Elaine was asked whether she ever had any experience or feeling as though she were two different people at the same time. To this, without her usual hesitation, she replied, "Oh yes." But she would discuss the subject no further.

When it was suggested that her two-faced figure might be expressive of her personal problems, she replied exasively that she knew nothing about analysis.

In a previous art session Elaine had referred vaguely to Freud: "I read about Freud four years ago," she mumbled, "when I studied psychology." From time to time Elaine introduced some psychological term that harked back to her vague recollections on a course taken prior to her illness.

In a sodium amytal interview during her first period of hospitalization, five years before, the patient had observed that she hated psychology and that the course had made her wonder what was wrong with herself. Recurrently, during the art sessions, when attempts were made to place emphasis on her art as a means of expressing her own feelings, she might make a vague allusion to having read Freud some years before.

When Elaine finished this double-faced figure, the comment was made that such a projection of a man and woman might have some personal meaning to the patient. Everyone, she was told, had many feelings deeply buried without being fully aware of them. Expressing oneself through art was, it was suggested, one way of releasing emotions of joy and sorrow, love and hate, as well as many other unspoken feelings. She could now, the patient was told, understand why she was urged to try to express her true self, rather than copy what others had made. The girl listened to what was said with apparent interest, but made no verbal response.

She then remarked that she would like to make an entire human figure. "But that's hard to do," she added, uncertainly. She was assured if that was what she wished to make, she could count on whatever help she needed from the worker at the next session.

SECOND PHASE OF MODELING: Stylized Torsos

The patient began, in the third month of the art sessions, to create a group of torso figures. These were larger and more elaborate forms than any of her previous heads. She made four of these in the course of six weeks.



Fig. 41. Double-Faced Sculptured Figure
a. Profiles of Male and Female Heads
b. Female Head, Front View
c. Male Head, Front View



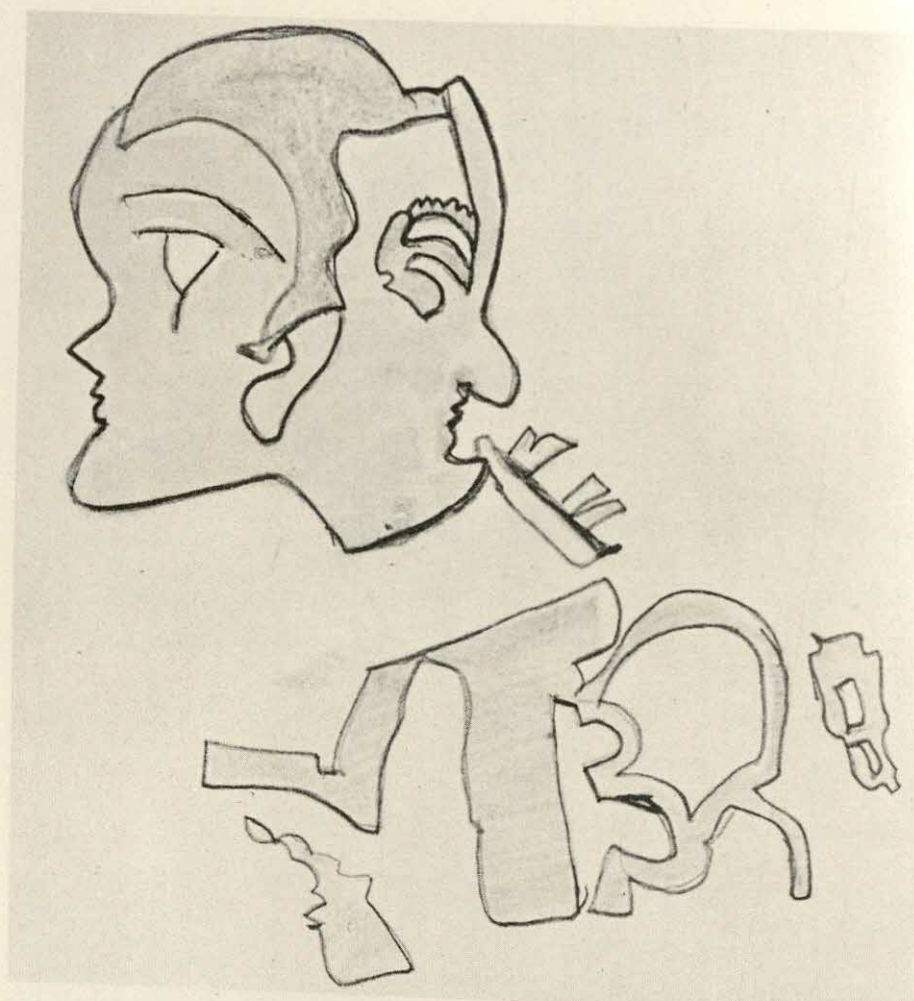


Fig. 42. Double-Faced Figure

- a. Patient's Double-Faced Head, Water Color
- b. Ancient Hittite Cylinder Seal

Torso of a Woman

Since the second session, Elaine had begun to express a wish to make a torso. But each time she approached the problem she became afraid and then substituted a simpler form. On the day when she declared, "If I could only have something to copy, I could do it," the worker realized that the moment had come when the girl needed definite support in the technical direction of her work; this helped her to overcome some of her residual doubts about her own ability to carry out her own conceptions in clay.

At the following art period a large upright block of clay was made ready for the patient before she arrived. The worker assumed, as Elaine greeted her, that she would now begin her long-postponed torso. It was suggested to the girl before dealing with the clay that she close her eyes in order to envisage the form that she now wished to create. The patient said that her new sculpture was to be a woman.

Upon the untouched plastic block she was asked to place the outlined proportions of her proposed figure. Then she was shown how to use the chisel for cutting away extraneous clay in order to release the still-buried form. As a consequence of this practical demonstration and specific analysis of procedure, the patient was now able to carry forward the completion of this torso in her own manner (Figures 43a, 43b, and 43c).

In order to begin this figure Elaine would glance for support at a nearby wooden statue of a woman. She had previously proposed copying it. But when her own clay figure began to develop, it did not resemble the other piece of sculpture in any way; for the patient's torso of a woman was full-breasted, buxom, and peasant-like, while the one in the studio was young, slender, and ethereal.

As the girl's clay-hewn figure began to emerge, the worker took care to remove the other piece of sculpture from sight. At this action the girl offered a mild protest, but was ready to accept the assurance that her own creation was advancing successfully without use of the model.

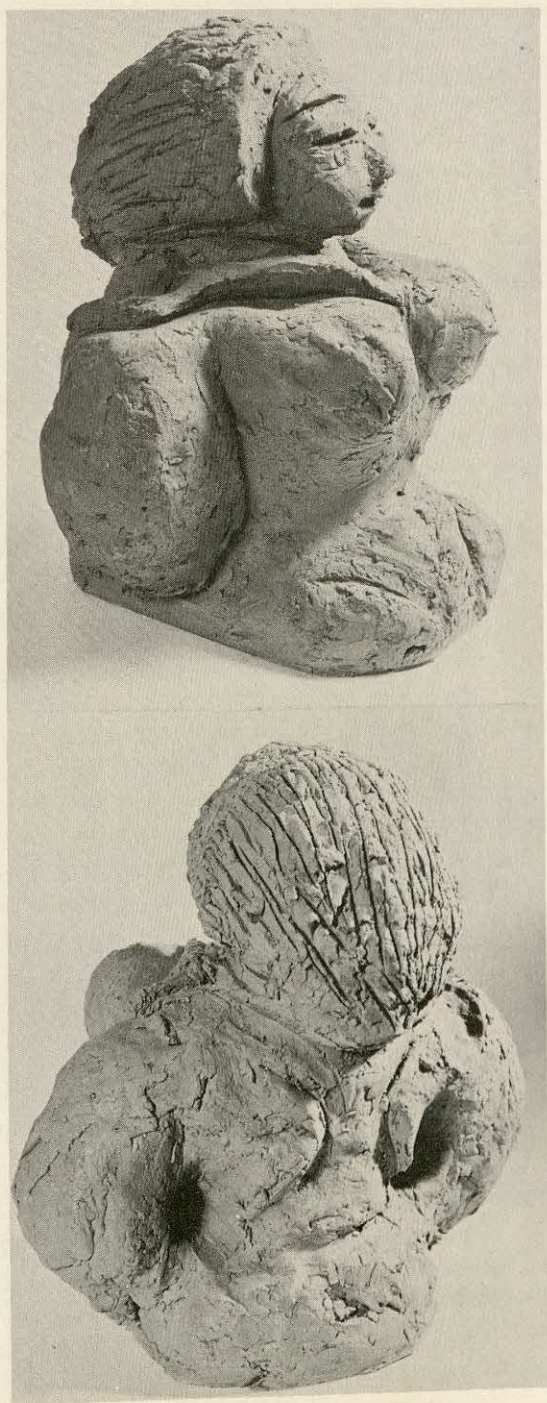
When Elaine became too absorbed in some aspect of her figure she was recalled to envisaging the sculptured form as a unified whole. This helped her to complete the contours before she became discouraged. After the girl had carved out the torso, she carried through her own conception in modeling the final form.

As the patient worked on this figure, the stylization which had been evident in her earlier heads became more defined; she began this torso in a naturalistic style but subsequently cut down the form while adding linear incisions; this gave a cumulative impression of distortion. Steps in the process of stylization could be followed as she cut into the clay. In forming the woman's head, Elaine first made it in normal proportions; she then distorted its appearance by piling up clay on the back of the head and cutting back the hair which frames the forehead so as to produce its halo-like surround. Another stylized distortion appears in a yoke-like formation around the neck. Asked what this was, the girl replied, "Collarbone." She would say no more about it.



Fig. 43. Torso of a Woman

- a. Front View
- b. Three-quarter View
- c. Rear View



In the following sessions, the patient continued to create other torso forms with similar stylized constructions about their necks. What the symbolic meaning of such yoke-like formations might be, will be considered after the other figures have been described.

The over-all impression of this first torso is one of balance and strength in spite of the patient's use of stylized distortion. The proportions of the woman's figure are unexpected; the shortened broad body is not much longer than the head and the breasts are enormous. Yet the actual impact of the form is one of unity and life. It shows the emotional release into expressive being that was now taking place in Elaine.

During the two hours that the girl spent working steadily on the woman's figure, she became completely absorbed in her work and showed less restlessness than before. Only once did she break from it to take a few puffs on a cigarette. Her rapport with the worker seemed better than at any previous session; she remained in more direct contact, responding to, instead of evading, specific questions concerning her work.

She offered, however, no explanation of what this figure might represent. It had no resemblance to her own slender form, nor did it suggest the angular posture of her mother. It is possible that this vital and earthy female represented some unsatisfied longing of the patient for more warmth and acceptance from the mother; it may also have expressed the girl's growing recognition of the worker as a mother substitute. Her increased articulateness and relaxation in the presence of the worker and her growing enthusiasm for the art sessions, as reported by the mother, seemed to confirm this impression.

After receiving slight technical assistance on the first torso, the girl managed in the succeeding months to carry her own ideas to completion without asking for help. The achievement of this figure of a woman was a turning point in the artistic and personal development of the patient. It marked the expansion of Elaine's expression into both realistic and symbolic forms.

First Soldier — Depressed

In the military uniform of this soldier, (Figures 44a, 44b, and 44c), the patient has again produced a symbolic replica of her own "costume" with its GI cap. The head sunk forward suggests a mood of depression. A yoke-like construction, suggestive of the "collarbone" on the woman's figure, appears about the soldier's neck. As she worked, Elaine had distorted what had begun as shoulder bands on the uniform.

Second Soldier — Gay and Cocky

This "Second Soldier," (Figures 45a, 45b, and 45c), was created in the seventeenth session, five weeks after the other soldier. This more exuberant figure was modeled after she had released memories of her early life and had spoken of her last meeting with her father. Like the other soldier it belongs among the patient's symbolic self-portraits.



Fig. 44. First Soldier — Depressed
a. Three-quarter View
b. Side View
c. From Above



Fig. 45. Second Soldier — Gay and Cocky

- a. Three-quarter View
- b. Side View, Right
- c. Side View, Left



Young Girl — A Self Portrait

The fourth form in the modeled torso series shows "A Young Girl," (Figures 46b and 46c), garbed in the khaki smock and skirt which the patient wore; the figure is also characterized by Elaine's long and slender neck. No doubt of this as a self-portrait.

On the day the girl made this figure she was disturbed and unable to begin work. It was therefore suggested that she might like to experiment with a preliminary sketch of the figure that she proposed to model later.

The result of Elaine's effort was a rigid and distorted picture of a girl, dressed in her own "costume," (Figure 46a). The squared shoulders, stiff arms, and stubby hands suggest a regression to her previous stereotypy.

The modeled figure which followed was more fluid and natural than the sketch which preceded it. But the girl's military costume is evident in both her drawings and her sculptured form. A report that another conflict had taken place between the mother and daughter over the continued wearing of the costume suggests that the patient was, in her art that day, simply asserting her right to wear such clothes.

When the "Young Girl" figure was complete, Elaine slashed into the neckline and shoulders, so as to create another raised, yoke-like formation, similar to those on the woman, (Figure 43), and the First Soldier, (Figure 44).

As the patient became more articulate and was able to verbalize some of her childhood experiences, the aggressive use of the sharp knife for cutting into the clay ceased and the yoke-like constructions no longer appeared.

One may speculate as to whether the patient's long repressed hostility against the mother was not breaking through in those knifing attacks upon the clay. There is question also whether the constriction caused by the yoke-like forms around the necks of all four torsos did not represent the way in which the girl felt herself bound within her bodily limitations.

As Elaine's repressed feelings were released, she shifted from the sharp knife and wire tools to a more constant use of her fingertips in creating new forms.

The Patient's Relation to her Father

While the patient rarely spoke spontaneously about herself, she began to do so more easily when she had gained freedom of creative expression. In the fourth month of art work, when she made the torso of the girl, she was able to refer for the first time to recollections of her early childhood. When the worker spoke of how difficult it must have been for the patient to grow up without a father, the girl agreed, but added that some of her mother's men friends had helped in a substitute role.

When asked whether she remembered the last meeting with her father, Elaine, contrary to her usual evasive tactics, answered, "Yes," without hesitation. She then described the father's visit with her in her home town of New England; he was on a business trip, she said, and came while her mother was away on some

writing assignment. The girl estimated that she was then probably nine or ten years old. (But according to the family, this meeting took place several years later, when the girl was fifteen.)

In reply to further questioning, the patient told more about the last contact with her father: "He was very nice to me," she said, and proceeded to describe his particular gift at that meeting. Then she added, "I don't know where my father is now."

The patient's ability to speak more freely about her father was encouraged in an attempt to release unconscious material into spontaneous art expression. Elaine was told that each person contains unexpressed potentialities and that the release of any deeply buried thoughts and feelings into creative form can lead to self-understanding. The girl replied defensively: "But the leopard can't change his spots." To the worker's comment that everyone had unexplored resources within himself, the patient replied, "I read books on psychology, some years ago, but they didn't help me much." She then mumbled something about the terms "introvert" and extrovert." Asked to explain what these terms meant, she said, "Artists are mostly introverts."

On one other occasion, Elaine was known to have referred to her father. This was in a single sodium amytal interview which took place while she was hospitalized. Much of what she then said corresponded with statements to the worker in the art sessions about her last visit with the father. Under sodium amytal the girl had made important admissions concerning the manner in which the mother's family had cut her off from any later contact with the father; she also confessed her inability to fight against this decision, although she would have liked to see more of her father. When asked by the psychiatrist why she made no further attempt to see her father, she answered, "Unless I could go to see him secretly, I don't think it would have panned out, because mother would not have consented to it."

The Patient's Search for the Meaning of Life

Spontaneous allusions to her knowledge of psychology were offered by the patient from time to time in the art sessions. They gave an impression of painful memories that the girl might wish to forget. In the sodium amytal interview which occurred when the patient was nineteen, the psychiatrist had questioned the girl about her studies prior to her illness. Elaine told him that she hated psychology. She admitted, under questioning, that psychology had caused her to wonder what was wrong with herself. The physician, aware from the girl's prose and poetry, that she was disturbed about the relation of mind to body, asked her in the sodium amytal interview whether she was worried about this problem. "Yes," answered Elaine, "about the relation of the mind and body to the soul; I don't know what the soul is in the first place."

In her writing, previous to hospitalization, the patient had addressed a troubled query to her soul. In it she wrote: "We must be able to look into our soul and find there something which justifies our saying, 'Well done,' or something to



Fig. 46. Young Girl — Symbolic Self-Portrait
a. Sketch Drawn before Sculpture
b. Front View
c. Side View



that effect, so that we may face the rest of life with inner security and faith. . . . What is it that man seeks so frantically? He never gets it, that's certain. In the final analysis he gets nothing but physical comfort, with body and brain burnt out, and even physical comfort is optional, for indigestion plays havoc with the old.

"There is no end or ultimate to life. Not art, not love, not success, not power. There is no such thing as fulfillment. Always there is aching and straining towards something, a restlessness, dissatisfaction . . .

"My Dear and Patient Soul, with whom I am avidly conversing, do you never grow weary of the flesh? Do you never feel tried to the utmost, lost, and without body to claim you? Do you never believe that you will find rest somewhere? Where are you? Now? Where do you wander when discarded for the carnal? You must find new lands, new dreams, like the aforementioned ego, and perhaps you are one and the same with the ego."

This questioning as to the meaning and value of life and the wish to escape into vision and dream was written sometime between the ages of sixteen and nineteen. So also were a number of her poems concerning the unhappiness of life and her wish to escape:

"Sail from this world of every day things
And never retrace your tracks.
Sail to the places of ancient Greece
And touch the banks of the Nile. . . ."

Another poem written at the age of seventeen, during the winter in New York following the termination of her first serious love affair, reveals her inner state of mind at this time: She calls it "Chant of a Frustrated Wench."

"These I have loved most:
A trip and a book.
These I have wanted:
Money, good looks
These I have lost:
Ideals and a lover.
These I have left:
Fear and dilemma.
In such a confusion
Or barren frustration,
What's left for a girl
But rank dissipation?"

How Elaine struggled to adjust herself to the breaking off of her first love affair, and her attempts to reduce its significance and replace it with another, appear in a number of her poems:

"My dear, our love flew quite too high
We lived with abstract things,

With color, sound and harmony
 I think I'll shed my wings
 For concrete things
 That some call love
 A smile, a sigh, a kiss . . ."

And again she dramatizes the suffering of her lost love and the futile attempt to substitute a new one:

"I am very content with my new love
 He caresses my soul with soft hands
 He gave me moments of freedom
 I never ache for your bands
 Because I am dead with my new love
 The corpse that you left by the way
 Is being dressed with new trinkets
 For bright resurrection day.
 The thing that was me is learning
 That kindness is only a tool
 That tenderness can be a fish-hook
 To catch any blundering fool.
 I am most satisfied with my new love,
 Whom I cuddle, caress and enjoy;
 But my fury, passions, and curses,
 I'll mail to you, my boy."

Among the poems was an unfinished letter to John, the young man of the first love affair. It gives a vivid picture of the patient's psychological state before her breakdown and her retrospective estimate of her relation with John. The letter opens:

"Don't be surprised — it's only that I'm lonely. You understand." (She then proposes sending him a sketch that she has written). "Look, you're older than I am, and you have written longer, has there ever been a time when you felt that no matter how much you had to say, you were not at peace enough with yourself to say it in coherent phrases? That there was something virtually that held you away from the typewriter, which, when you finally, by sheer will power, forced yourself to sit at a desk, made all the stuff you turned out seem leaden and unpliant? Then you argue and cajole and use sophistry, and rationalize, and begin to doubt. The next day it is the same thing, until every day appears useless and lost — while all the time you are sickeningly aware of the fact that you're getting older. . . . Then is the time when you feel like shouting — Christ, WHY — why spend the supposedly carefree, and the undoubtedly *only* youth in barren self torture and self critical sweat . . . Then you say — what the hell, and get drunk, but the next day you meet the self-same YOU in the mirror that you tried to escape . . . There, what a long rigamaroll that was . . ."

The letter concludes:

"It was fine John, loving you, and last summer stands out in high relief against the rest of my life . . . and what amazes me is the fact that I absorbed so much knowledge from you even in the midst of such emotional chaos — damn you, or bless you, you absolutely opened up a new door for me by coaching me on the important artists."

This letter poignantly uncovers the disturbed condition of the patient before her breakdown. She is able then to verbalize so exactly her sense of doubt of herself, her loss of hope, and her self-torture. For escape she tries to get drunk but realizes that "you meet the self-same YOU in the mirror that you tried to escape."

Since the patient, from the time of her hospitalization to the present, was no longer able to speak openly of the emotional crises of her previous life, her poems and her unsent letter to John are significant as offering clues to the emotional conflicts which precipitated her illness. (A number of the girl's other poems, saved by the mother, are reprinted in the Appendix, pages 236 ff.)

Sculpture of "Bird Flying"

In the fifteenth art session, following the patient's spontaneous recollections of her childhood and her father, she was able to create a fresh and imaginative piece of sculpture that she described as a "Bird Flying," (Figure 47). On this occasion she used no modeling tools and developed the form of the bird with spread wings from a block of clay with a skillful and rapid use of her fingers. She described what she had made as "a bird in space."

Elaine began her creation by modeling the body and the widespread wings. It is possible that she narrowed the base in order to increase the rhythmic lightness of her bird in flight. The long neck and protruding head of the bird would soon have broken had not a wire been inserted to preserve this improvised form. The girl made immediate use of this structural support to swing the bird's neckline into the beautiful curve that it now possesses.

This bird stands forth as the most completely unified nonschizophrenic art created by Elaine during the art sessions. It is significant to note that the patient's purest release in creative expression occurred simultaneously with the high point of her liberation in speech concerning childhood memories and the last meeting with her father.

At this time a corresponding improvement in the patient's behavior at home was noted by the mother.

Elaine had now produced, in contrast to her first, earthy, and demonic sculpture, a delicately poised bird in space with outstretched wings.

In ancient symbolism, the bird form is the representative of the soul or spirit of man. Thus the girl's "Bird in Space" hints at the liberation of her spirit while its downward flight still throws her back to earth. In this creation of the bird, no vestige of the split psyche remains; she reaches out to free herself, but she has not loosed all the shackles that bind her.

THIRD GROUP OF SCULPTURE: Archaic Forms, (Including Sphinxes, A Priest's Head, and a Horse's Head)

A Sphinx's Head

Announcing that she would make a man in the eighth session, the patient then created a head which she described as a "Sphinx," (Figures 48a, 48b, and 48c). It was begun with a traditional Egyptian-style headdress but was soon altered into its present squared form. By slashing with a sharp knife, the girl changed the original flowing contours of the sphinx head into a more rigidly stylized shape. The outcome is a harshly male and saturnine sphinx with no hint of its Egyptian origin.

Second Sphinx, Lion-bodied

The patient's second lion-bodied sphinx, (Figures 49a and 49b), was made five weeks after the sphinx head. Its animal form is reminiscent of archaic sculpture but it is not like the known style of the traditional Egyptian, Babylonian, or Assyrian sphinxes. After considerable investigation, several sphinxes resembling the patient's lion-bodied form in both style and feeling were found by the worker in Sir Arthur Evans' important publication on his excavations of ancient Crete.⁽³⁾ Evans found an unfamiliar type of sphinx among recognizable Cretan forms; these he regarded as an importation from the ancient Hittite culture of Anatolia, in Asia Minor. Such a Hittite sphinx is shown (Figures 50a and 50b) for comparison with the patient's lion-bodied sphinx (Figures 49a and 49b). Similarities are visible in the style and form of both creatures: in the ancient as well as the patient's sphinx a small woman's head projects from an animal body; the forepaws of both sphinx bodies are done in the round; and the hind paws appear in relief (Figures 51a and 51b).

The girl began her second sphinx by modeling a lion-like form with a broad back and a lion's mane. Before proceeding to change the animal's head into that of a woman, she tried to alter its body. "The creature's back," she declared, "is too broad. I think I'll make two of it." She then made two attempts to split the animal in half in order to create two identical and parallel sphinxes. Unsatisfied with the attempt, she gave up this idea and completed the original broad-backed form. By cutting away part of the lion's mane, the girl then modeled the small head. Physical resemblance between the girl's sphinx and its Hittite counterpart was reinforced by the discovery of a psychological similarity between another ancient sphinx and the patient's modern replica.

In another volume on Hittite excavations⁽⁴⁾ this double sphinx, (Figure 51b), was found. It is described as the base of an ancient column. Again, resemblance to Elaine's stylized sphinx is clear. In this Hittite double sphinx, two identical creatures are set in such a parallel formation as the patient had twice attempted, when she tried unsuccessfully to split her own sphinx sculpture into two separate forms.

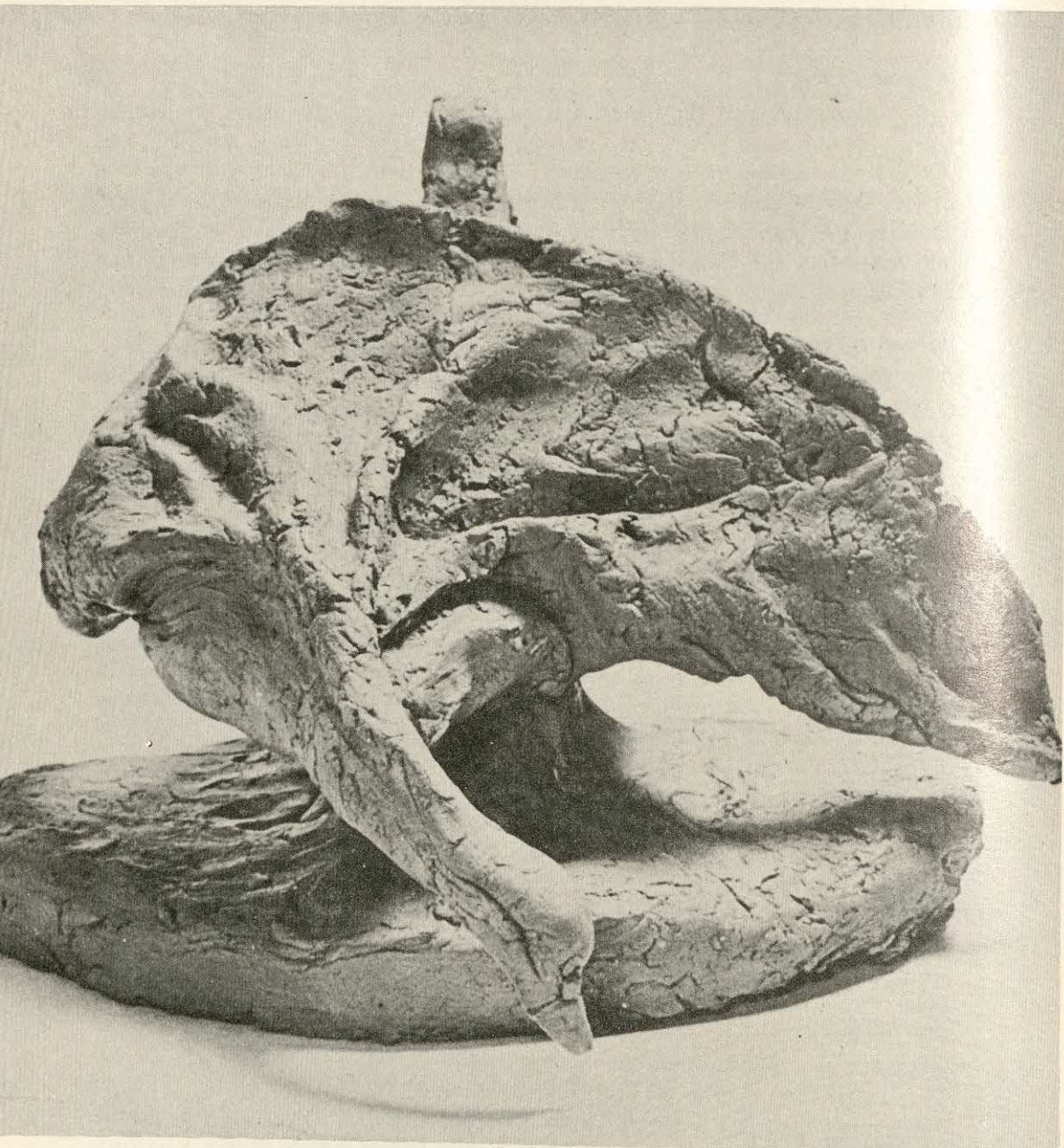
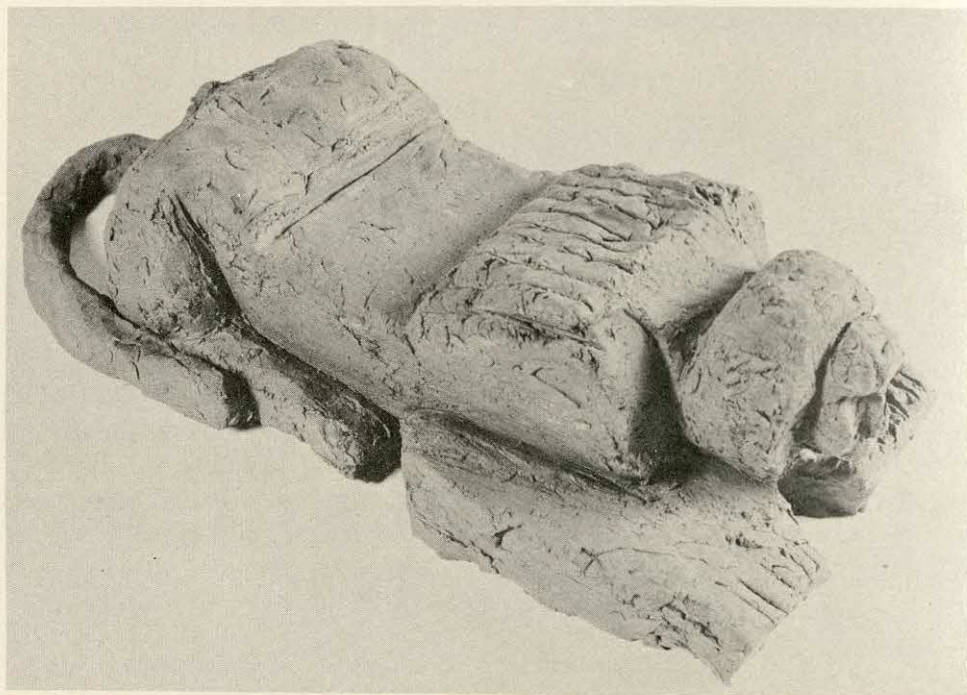


Fig. 47. Bird Flying



Fig. 48. Sphinx's Head
a. Front View
b. Side View
c. Three-quarter View



2



Fig. 49. Lion-Bodied Sphinx
a. Three-quarter View
b. Front View



Fig. 50. Ancient Hittite Sphinx
a. Side View
b. Front View

Recurrent Use of Sphinx Symbolism

The use of the sphinx theme had not originated for the patient in her sculpture. Prior to her illness she had already referred to the sphinx in her poems; and after her breakdown she repeated the symbol in both her drawing and her sculpture.

In one of her poems Elaine offers a clue to her persistent interest in this age-old image:

"Thru a sultry night of Egypt
Comes the whisper of the Nile
Thru the shadows of a dead world
One by one the camels file."

Then in the last verse she says of the sphinx:

"From the hush, oh awesome time,
One last mystery remains
The Sphinx — unknown — still undefiled —
Exists — the neuclius of the planes."
[The misspelling is the patient's.]

In these lines the girl refers to the attraction of the sphinx as a "last mystery ... unknown [and] undefiled." She told the worker after modeling her sphinx forms that "the sphinx is always a woman." But in contradiction to such an assertion, the modeling of the patient's first sphinx, of the head alone, gives the impression of maleness; while the head on the lion-bodied sphinx is entirely female in character. Has not the patient's uncertainty as to her sexual role been projected here again into the male and female expressions of the sphinx?

When Elaine was asked why she had chosen to model these sphinx forms, she mentioned having studied ancient history and then added, "I wanted to be an archeologist." (That this was one of the patient's earliest ambitions has already been reported in the clinical history.)

By the symbolic use of the sphinx in its archaic Egyptian and Hittite forms, Elaine had expressed her withdrawal to those deeper levels of the unconscious, which Freud identifies as the "archaic heritage" and Jung describes as the "collective unconscious."*

A Priestlike Head — Stylized

A month later, the patient again asked for something to copy. Urged to express instead what she felt within herself, the girl eventually produced another archaic and stylized figure, (Figures 52a and 52b).

*See the Introduction for detailed discussion of the problem of symbolism and a comparison of the Freudian and Jungian viewpoint in relation to the nature of such archaic material (pp. 17 ff).



Fig. 51. Comparison Between Patient's Sphinx and the Double Sphinx
Base of a Hittite Column
a. Patient's Sphinx
b. Hittite Double Sphinx

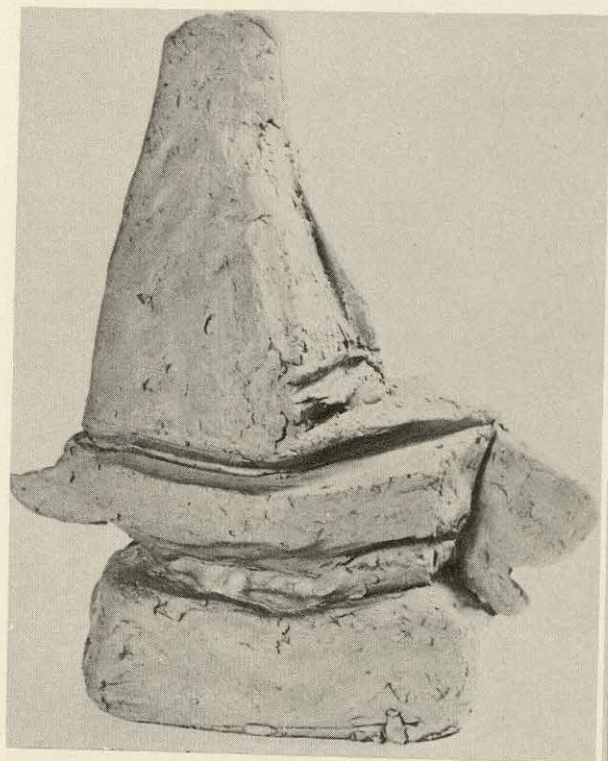


Fig. 52. Priest-like Head — Stylized
a. Side View
b. Front View



Fig. 53. Naturalistic Kitten

Contrary to her usual procedure, she used only her fingertips and nails in wresting this form from a block of clay. She worked on this stylized figure for more than an hour, without interruption. When it was done, she had nothing to say about its meaning.

The appearance of this tall, geometrically stylized form is suggestive of an archaic priestlike head, carrying some high headgear or cap.

After Elaine had released this primitive, and to her, incomprehensible form from the depths of her unconscious, she turned with apparent relief to making the lively and naturalistic form of a playful kitten, (Figure 53). It was finished in twenty minutes and was a source of delight to the patient. When she went home, she told her mother about this kitten that she had modeled but made no mention of her other more significant creation. This corroborated the worker's original impression that the girl's unrecognizable archaic form, breaking through from the depths of the unconscious, had so baffled and disturbed Elaine that she could find no words in which to express its meaning to her mother.

At the next art session when the patient stopped before her unexplained figure, she said that she liked it. When asked what it meant, she broke into embarrassed laughter and said evasively, "Monkey." She was still without awareness of what had been released from her unconscious.

To the worker, this figure remained suggestive of a priest's head with high cap; similar headdresses are to be found on ancient Hittite cylinder seals and sculpture, (Figures 54b, 54d, and 54e).^(6,7,8) In none of the archaic headgear of other ancient cultures were such high caps found.

Horse's Head — Stylized

A week later the patient modeled a stylized horse's head, (Figures 55a and 55b), during the last twenty minutes of an art session. She had spent the first part of the period in modeling the realistic form of a "Second Soldier," (Figure 45).

This horse's head, while plastically expressive, contains several peculiar distortions; the nostrils are large and distended and the head ends abruptly without any neck. It had impressed the worker as a possible distortion of a horse's head from the well-known pediment of the Parthenon; but this was not mentioned to the girl. No explanation of its meaning was ever offered by the patient.

Some months later the worker discovered an archaic head of a Hittite horse, (Figure 55c),⁽⁶⁾ which not only resembled the patient's horse in both style and feeling, but reproduced the same distorted nostril and was also cut off sharply at the neckline. This Hittite horse, according to Dr. Eduard Meyer,⁽⁶⁾ was probably made before 2,000 B.C., and is considered by him as more ancient than any horse form found in either Egyptian, Babylonian, or Assyrian art.

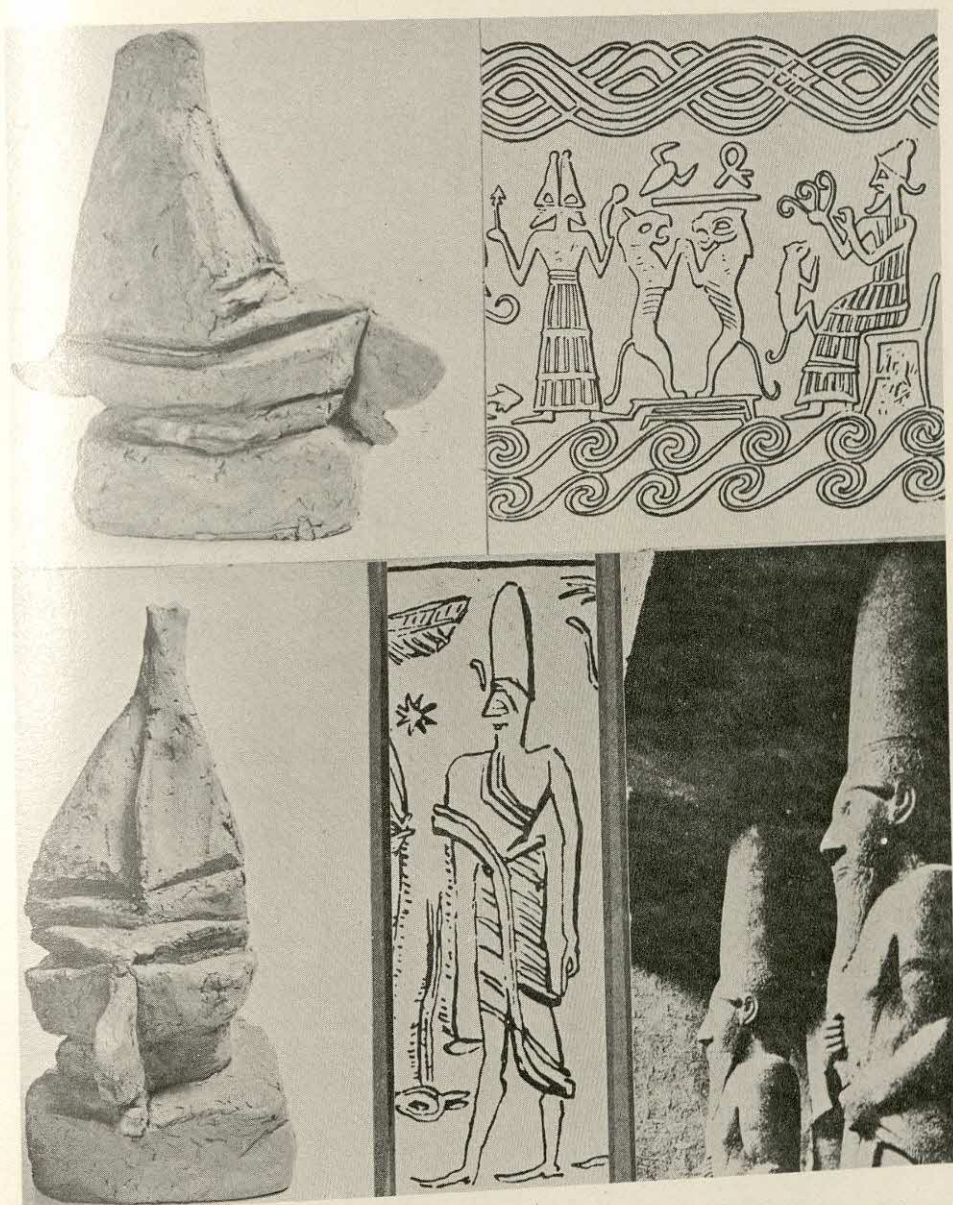


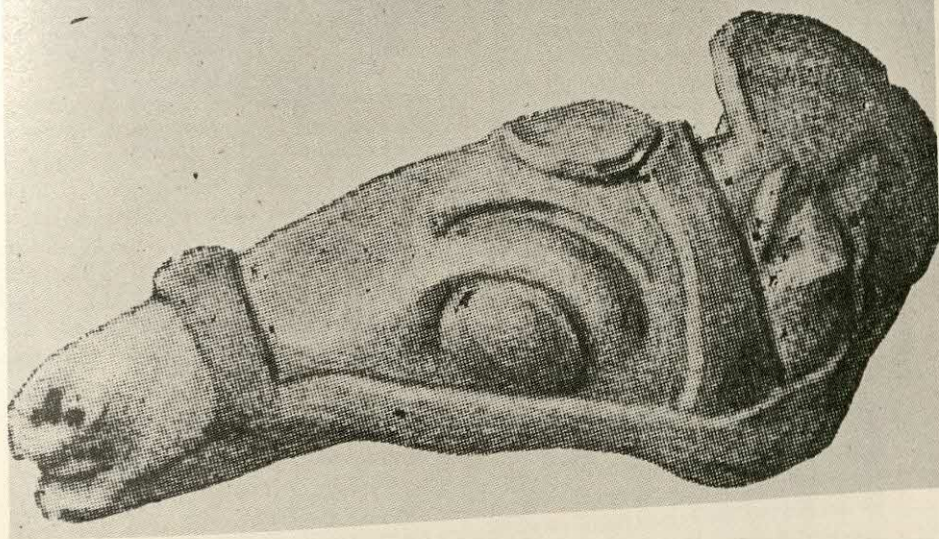
Fig. 54. Comparison Between Patient's Priest-like Head and Several Hittite Priests' Heads

- a. Patient's Figure, Side View
- b. Hittite Cylinder Seal
- c. Patient's Figure, Front View
- d. Hittite Cylinder Seal
- e. Hittite Sculpture



Fig. 55. Comparison Between Patient's Head of a Horse and a Hittite Horse's Head

- a. The Patient's Head of a Horse, Three-quarter View
- b. The Patient's Head of a Horse, Side View
- c. Hittite Head of a Horse



A close correspondence on both physical and psychological levels had been found to exist between Elaine's stylized sculpture and a number of ancient Hittite pieces. (As the worker was unfamiliar with Hittite excavations when the patient made these forms, telepathic influence can be ruled out.) Only after the girl had completed the art sessions were these corresponding examples of Hittite art found in several volumes on Hittite exploration; some were in English, others in Spanish, German, and French.(4,6,7,8)

How can these correspondences between ancient Hittite forms and the sculpture of a schizophrenic girl of today be explained? The interpretation of this data will vary according to both the training and temperament of the observers. Some will ascribe the resemblance to mere coincidence; others will insist that the patient must have seen Hittite originals in order to create forms so like those of an ancient civilization whose origins are lost in obscurity.* (Such sculpture is rare and not on public view in well-known museums.) Still others may attribute the patient's archaic forms to either the *archaic heritage* of Freud or the *collective unconscious* of Jung.

Modern psychology has two possible interpretations to offer concerning such parallelism as is evident in the art productions of the ancient Hittite and our modern culture. Both explanations emphasize the decisive role of the unconscious

*"The geographical area of Hittite civilization embraces the eastern half of Asia Minor with southern Phrygia and possibly Cilicia; also all north and north-central Syria, together with extensions across both the middle and upper Euphrates, on the one hand, and into lands west of the central plain of Asia Minor on the other. Hittite civilization, therefore, occupied at a certain epoch, all the intercontinental bridge between Asia and Europe, setting astride the land routes of communication between the elder civilizations of the heat belt and the younger of the temperate zone.

The sources of information about things Hittite are various, and only within the last twenty years has it been possible to combine them into a thin stream of history, thanks to a discovery of cuneiform archives at Boghaz Keui in northwestern Cappadocia. This is the site of the Hattic capital of, at any rate, the fourteenth and thirteenth centuries B.C. . . . The archives in question are clay tablets, written in part for . . . kings, but comprising also many documents or copies of documents written for their predecessors upon a throne which, whether at Boghaz Keui, or on some other site, seems to have been Hattic for several previous generations. The view is held that these latter documents were collected, supplemented, and ordered about 1300 B.C. to form an official library, on whose remains the modern excavators have lighted. Some of these tablets are in the Babylonian language, which was used as a diplomatic medium of communication over all the Near East. These can of course be read with some certainty. More, however, are couched in some six native allied dialects, according to the latest cipherers (e.g., Hrozný Fournier), who agree in regarding the dialects as Indo-European, and put forward interpretations based on analogies with primitive Indo-European linguistic forms, especially of Old Latin (for sources of Hittite information the second source is architecture, art and script.) . . .

Where did the Hatti come from? Were they an Asianic people who conquered with bronze imported from the Caucasus? Were they Alarodians from beyond the Caspian? Were they an Indo-European folk from Iran or beyond? Semitic influence is evident in Cappadocian dialect; . . . but so far appears borrowed. . . . The Indo-European element is now considered to have been the dominant caste, as it also was in the land of the Mitanni, with which the Cappadocian Hattic Dynasty had many relations."(5,p.252-272)

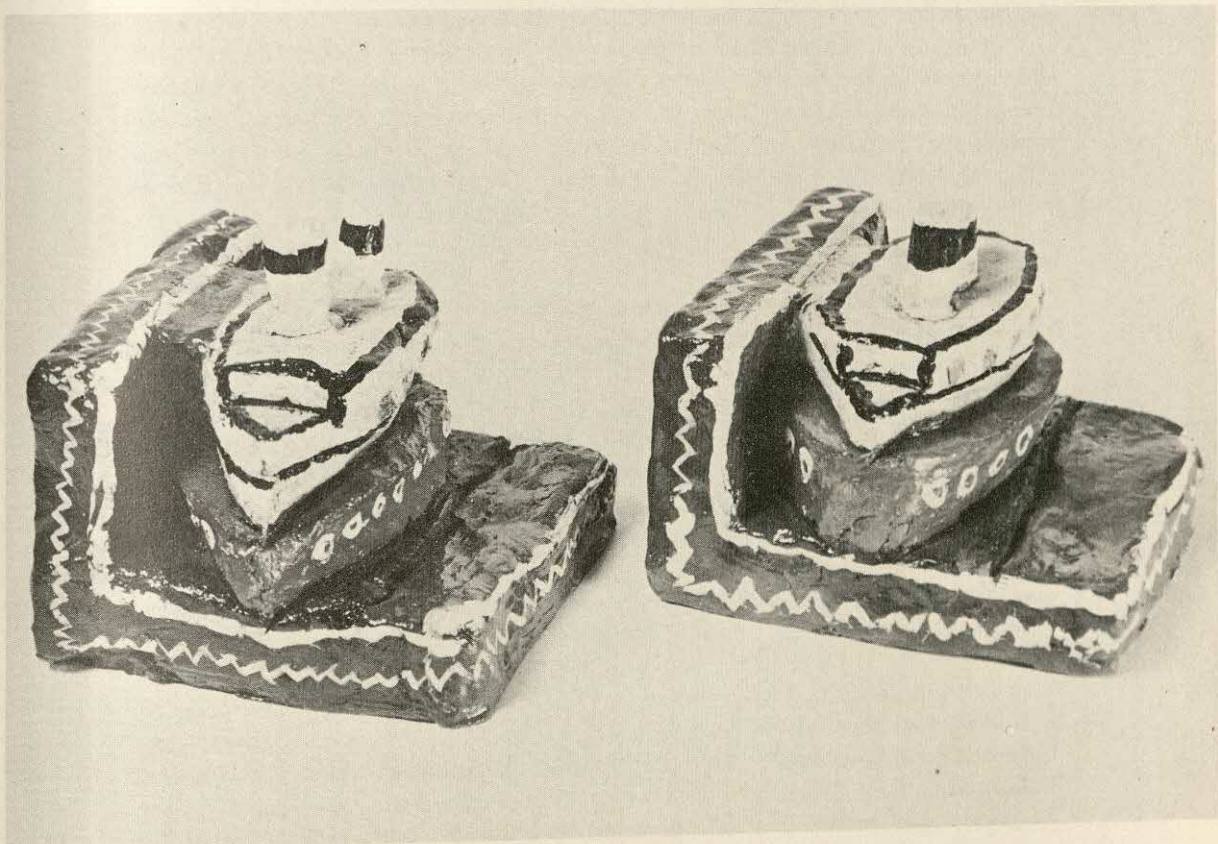


Fig. 56. A Pair of Book Ends

in the transmission of psychological aspects of our cultural inheritance. Freud admits the existence of an archaic heritage which may influence the psychological responses of the human psyche of today; but he prefers to interpret any similarity between the creations of an ancient and a modern culture as the result of identity in human response to universally valid experiences.

Jung, on the other hand, interprets the recurrence of archaic forms in the unconscious projections of human creation as being related to the collective unconscious which he regards as the source or reservoir from which all universal symbols are drawn by man. Jung terms these universal symbols "archetypes" and claims that the symbolic language of remote cultures, unknown to his patients, is often represented in their dreams and fantasies.*

Modeling a Pair of Book Ends

In the sixth month Elaine announced that she wished to make a pair of book ends. This was the only time when she suggested producing a practical object, (Figure 56).

As the girl was incapable of making a workable design by herself for the book ends, and as she also proved herself unable to produce an accurate replica of the size and shape of the first book end, alone, the worker gave her considerable assistance. Elaine devised the design of the modern boat to carve out on her book ends; but she was unable to conceive of a type of construction to make them serve their purpose.

After the first book end was completed, the patient showed awareness of her inadequacy by telling her mother that she was afraid she would not be able to make the second book end exactly like the first one. She succeeded, however, with some help, in producing a usable set of book ends. To complete and color the book ends took five art sessions; but Elaine remained absorbed and interested until they were finished. At home she reported that although the book ends were "not exactly alike," they would do. On several occasions during the past two years, the patient has referred to her "beautiful book ends," and expressed regret at having given them away.

The book ends are entirely lacking in esthetic value and the patient's high estimate of their importance is unquestionably based on their practicality. The overevaluation of the book ends by Elaine is evidently due to the patient's wish to establish herself within the world of reality.

The Modeling of Hands

Elaine made two attempts to model hands during the sixth month of art work. "A Pair of Hands," (Figure 57), was her first effort. The girl quickly captured a characteristic quality of the hands of the worker, who had posed for her. But she was unable to place the hands in spatial relation to each other. An attempt was made to show her how to correct her work by cutting back the clay so as to

*For a further discussion of the Freudian and Jungian interpretation of the unconscious see the Introduction (pp. 17 ff).



Fig. 57. A Pair of Hands



Fig. 58. A Distorted Hand
a. Front View
b. Rear View

place the lower hand on a more distant plane. She followed out this suggestion for a few minutes, and then threw down her tools and said that she was finished working. The illustration shows how Elaine began to make the right hand recede behind the left one; it also shows how she stopped before she had cut back the fingers of this hand.

Two weeks later Elaine proposed to model another hand, (Figures 58a and 58b). The shape is distorted and suggests the formation of a flat and heavy foot rather than a hand; the malformation of the thumb confirms the impression. The other peculiarity in this hand is the protrusion at the end of the wrist. The patient said that she did not know what this was and wanted to remove it when questioned.

In creating these two impressions of hands, the girl has produced two well-recognized patterns of schizophrenic expression; she showed herself unable to relate objects in space, when asked to make one hand recede behind the other; and she revealed what is presumably the interior bony structure of the wrist when attempting to make a hand. In creating such distorted hands, Elaine, like other schizophrenics, may have been expressing her own disturbance about the condition of her extremities.

FINAL PHASE OF ART WORK: A Group of Landscapes

In the final phase of her art work, Elaine returned, at her own wish, to oil painting. During the last five weeks she produced a series of six landscapes and one symbolic self-portrait. Subjective changes in her condition were again clearly registered in symbolic modifications of her colors and forms. She rarely said much about these paintings.

The Empty Boat

In her first landscape, "The Empty Boat," (Figure 59), she has created a sombre landscape in dull colors; a dark yellow-green cloud hangs threateningly over the gray water, a house shows dimly and the boat, with hanging oars, rests beside a dock; only a clump of golden flowers in the left foreground relieves the dark tones of this picture.

When she began to paint, Elaine murmured, "I'm not very good at perspective," but nevertheless continued with her picture.

There is a tragic and sombre tone to this picture. The only relief is in the golden flowers at the left. The emphasis of this design centers on the empty row-boat anchored to a dock.

While the girl was unable to give any verbal interpretation to this picture, the empty boat with idle oars — a boat without a rower — is an image suggestive of the patient's condition, for Elaine had a body lacking the control of a directing mind.

The other schizophrenic girl, Harriet, posed a similar problem concerning



Fig. 59. Landscape with Empty Boat

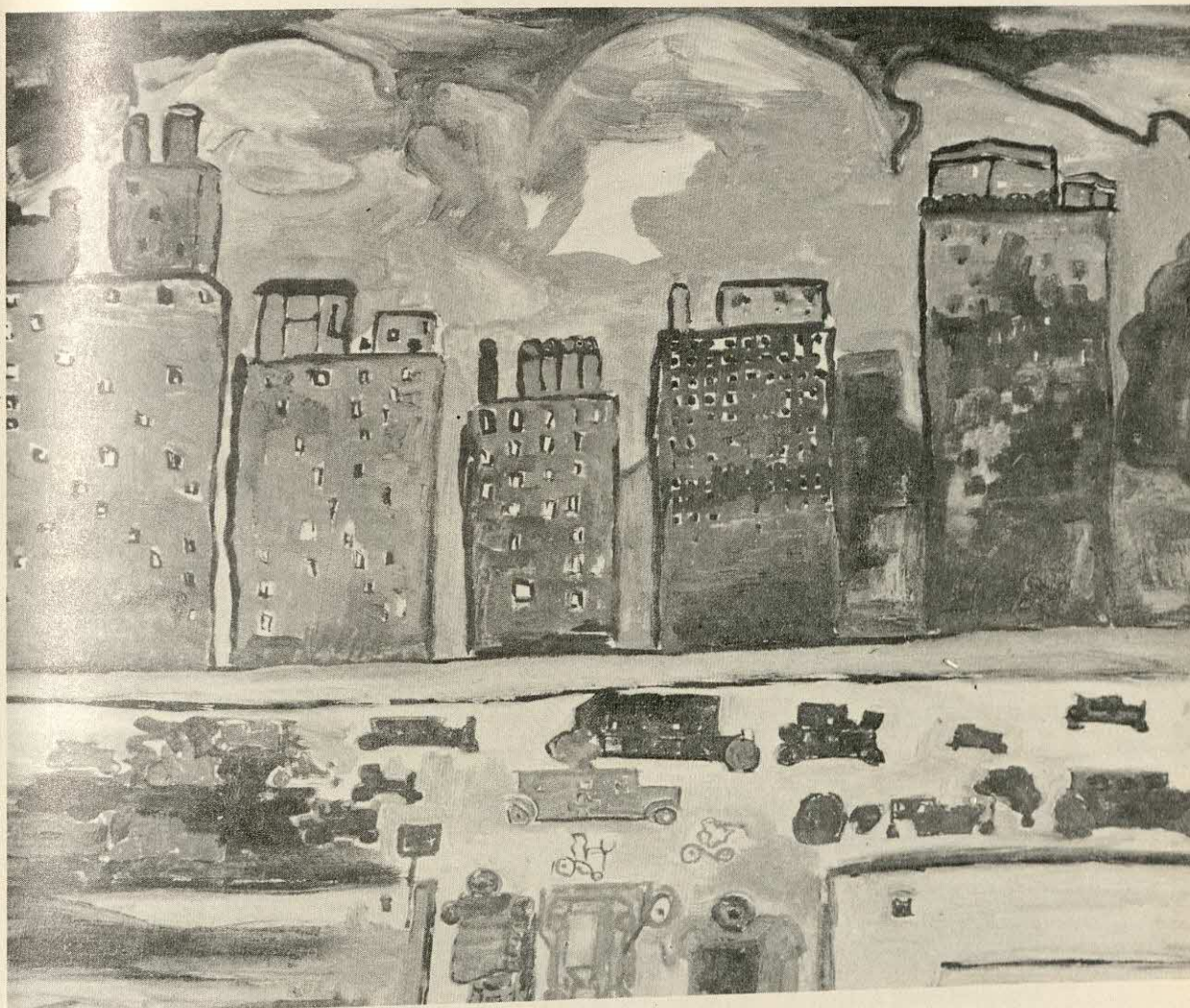


Fig. 60. Skyscrapers in New York

the split in her psyche in her painting of "The Tombstone and the Face," (Figure 13), but she succeeded in interpreting correctly the words of the inscription, "Here lies one who has died but whos [whose] body wanders the earth." Harriet recognized what this meant — that her "mind or soul is dead," and her "body wanders the earth."

Elaine, who had been ill for many more years, could not interpret the meaning of her picture in words. But nevertheless it tells the same story as Harriet's design. In symbolic speech, Elaine's picture also records the split in her psyche — a boat without a rower.

Skyscrapers in New York

The third landscape painted by the patient, two weeks after the one with the empty boat, represents "Skyscrapers in New York," (Figure 60), with traffic in the streets below. It is keyed in brighter and clearer tones than those she had used in previous art sessions or at home. She painted it in an hour, with complete concentration.

The army convoy moving across the picture suggests her continued interest in joining the war effort. But the transformation in the quality and color of the clouds and the sky of this picture, in contrast to her previous ones, is noteworthy. In the first landscape a dark greenish-gray cloud overhung a sombre scene. In the second picture the clouds were also dark, if not so threatening. In this third painting the clouds have become tawny and red in hue. There is, behind the central cloud, an opening where a luminous blue sky breaks through. Bright light concentrates in the sky like the golden flowers in the empty boat picture, adding a note of promise to this city scene.

Scene in Central Park

In another landscape, "Scene in Central Park," (Figure 61), the patient has again expressed aspects of the split in her psyche.

The base of the same five skyscrapers, which appeared in her previous painting, are here partly hidden from view by five emerald-green trees. Another such tree is placed in the foreground of the design beside the figure of a young girl with her dog on a leash. Elaine can be easily identified with this girl; for she, too, possessed a dog and also used this averted posture toward those with whom she spoke.

Since the feminine form seems to represent the patient, the trees, with divided trunk placed near the girl, suggests the image of her divided psyche.

A lamppost in the foreground cuts the picture in two equal parts. This again hints at her state of inner division; to the left is the girl's undistorted form, as representative of her feminine aspect; to the right are two male figures, perhaps as the masculine components of her psyche. Behind the two men, in the center of the design, is an empty park bench; this unoccupied bench is distinctly reminiscent of the empty boat in the first landscape. May it not also represent the patient's awareness that her consciousness is not focused within her body?

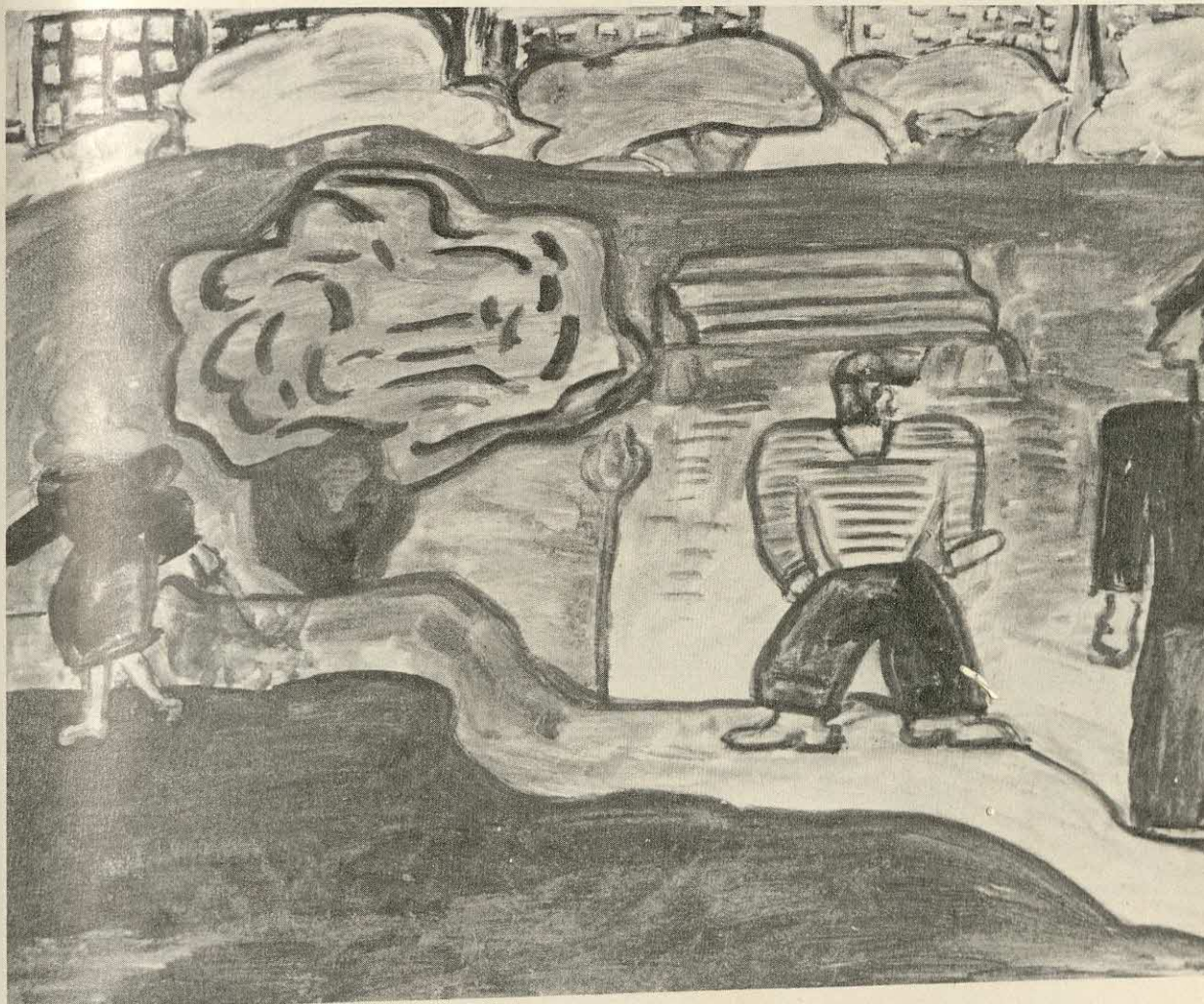


Fig. 61. Scene in Central Park

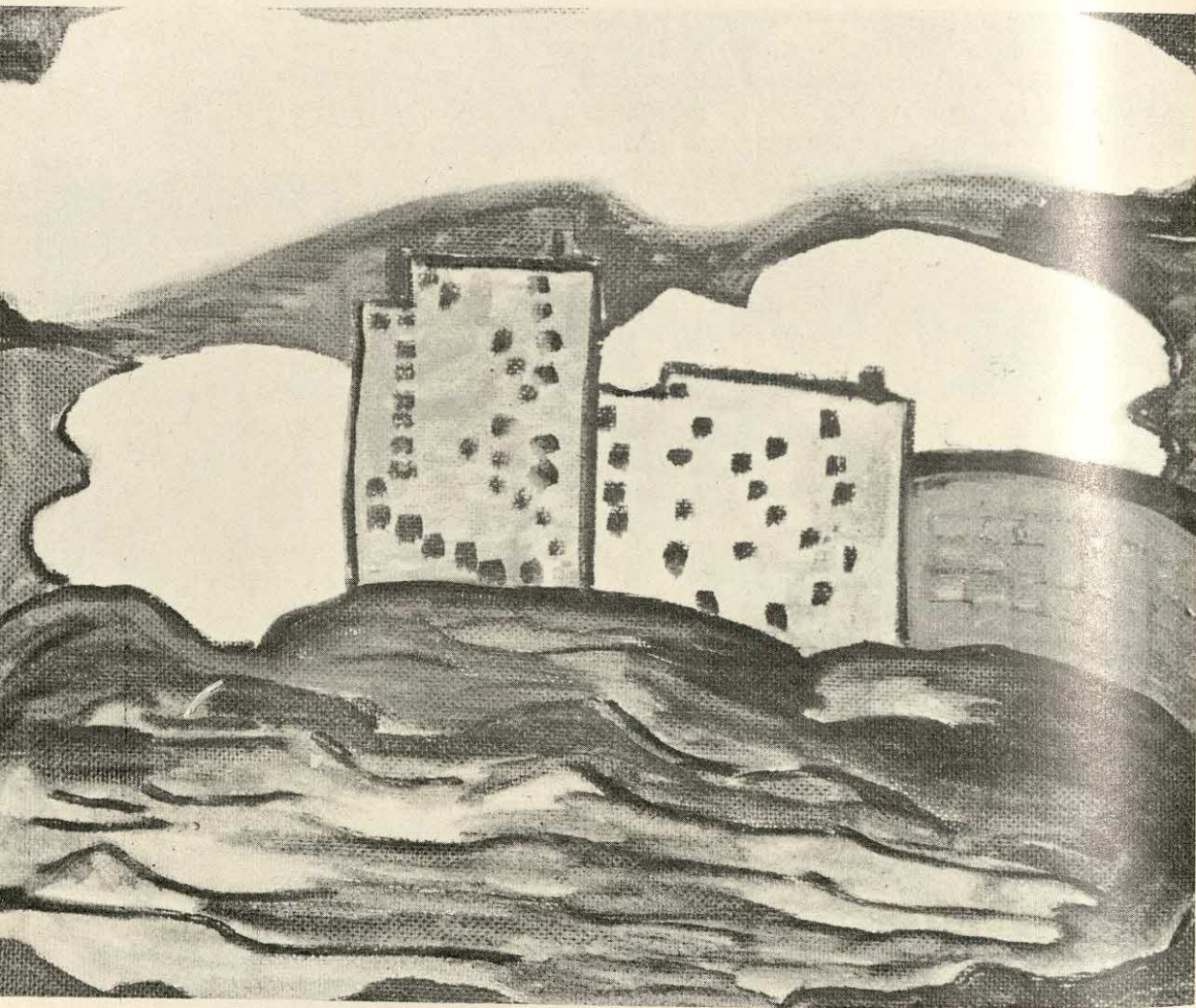


Fig. 62. Two Houses, Blue Pool, and White Clouds

Two Houses, Blue Pool, and White Clouds

In one of her last landscapes painted just before her return to New England, "Two Houses, Blue Pool, and White Clouds," (Figure 62), the patient achieved a joyous clarity and a more positive integration than in any of her previous paintings. In this design, the threatening and sombre clouds of the other pictures in this series, have been replaced by puffy white clouds against a deep blue sky. The two centered and adjoining buildings are done in tones of golden ochre. The pool of water before the tall houses is painted in deep blues; whitecaps break above the waves; its watery surface gives the impression of being enclosed and contained like a lake. Vivid green grass surrounds and frames this body of water.

The painting was completed with assurance and swiftness within an hour. Elaine gave no explanation of its meaning. The two ochre-colored buildings joined to each other suggest, however, the beginnings of unification in the duality of the psyche; the pure white clouds and the intense blue waters hint at a more positive and joyous acceptance of herself. Here, for the first time, Elaine has used pure strong blues, golds, and whites; in all her previous paintings she had continued to use a darkly subdued palette of yellowish green and browns.

The Red Cross Girl: A Symbolic Self-Portrait

Elaine also painted a symbolic self-portrait, "The Red Cross Girl," (Figure 63), as well as a second landscape in her final art session. The girl wears Elaine's khaki uniform and has her long neck. A great Red Cross is evident in the deep blue sky. When asked whether the picture meant that she would have liked to work in the Red Cross, the patient said, "Yes," in such a tone of voice that the worker knew that her response was not the perfunctory acquiescence of a schizophrenic, but could justifiably be accepted as a confirmation. The face in this design has been left unpainted. Like the unoccupied boat and the empty bench in two other pictures, the blank face may also be interpreted as suggesting the incompleteness of the personality of the patient.

In the changing forms of the body image in her paintings and sculpture, as well as in the symbolic shapes of the unoccupied boats and benches, the patient seems to have projected the nature of her conflicts about herself and her relation to the mother.

The weekly art sessions were interrupted, after twenty-nine sessions, by the girl's return to the family home in New England.

While, from the psychiatrist's viewpoint, there was evident no essential change in her mental condition when the art sessions ended, the mother remarked with satisfaction that she noted considerable improvement in the daughter's emotional responses. Elaine was said to be more interested in human contacts with family and friends. And a practical nurse who had not seen the girl for several years commented on the greater integration that she noted in Elaine's personality.

In the course of the next two years the patient and her mother spent brief



Fig. 63. The Red Cross Girl: A Symbolic Self-Portrait

periods in New York so that art sessions occurred at infrequent intervals. It was therefore no longer feasible to establish the rapport and steady working conditions required for evoking creative expression from the deeper levels of the unconscious in a schizophrenic patient.

The mother continued to report over the succeeding years that not only she, but her family and friends all felt that Elaine had not only continued to maintain the emotional improvement which followed the art sessions, but had begun to show greater independence in her daily living.

DISCUSSION

A series of important papers, written by leading American psychiatrists and discussing aspects of thought disturbance in schizophrenia, appeared two years after the art work with this patient had been completed. This symposium, edited by Kasanin, was entitled "Language and Thought in Schizophrenia."⁽⁹⁾ Certain aspects of thought disturbances in schizophrenia which are analyzed and discussed in this volume are illustrated by Elaine's behavior as she created some of her paintings and sculpture.

When the patient made her first picture of a "Young Woman with Growing Plant," (Figure 37), she transposed elements of the spatial relationship so as to express disorganization of the figure-ground relation which Goldstein discusses in the symposium. "We must," he says, "appreciate the vagueness of the boundaries between figure and ground in such [schizophrenic] patients — the inversion that is the coming into the foreground of the ground instead of the figure." This is exactly what took place in Elaine's painting when she projected and enlarged a candle shadow into a large purple column in the foreground of her design. Another example of Elaine's inability to maintain the correct figure-ground relation was shown when she was unable to handle the recession of planes in modeling a pair of hands.

When the girl wished to model her only practical object, the pair of book ends, she showed herself incapable of making an advance plan for producing what she wanted; nor was she able to foresee any of the difficulties that would arise. Such a typical schizophrenic response was exactly described by Cameron in this same volume. "These disorganized schizophrenics could not manage the essential first step in problem solving, that of narrowing down operations to something restricted and unified enough to call out organized attitudes and specific responses."

CONCLUSION

The difficulties of the patient's childhood were certainly contributory factors in the development of her illness. Because of the early divorce of her parents, she grew up without a father. Her mother's career as a newspaper woman caused the

child to be brought up in the New England home of the grandparents surrounded by middle-aged and puritanic relatives. At the age of thirteen the girl attempted to rebel against the authority and tradition of the family by a sudden and complete withdrawal from all her relatives. At sixteen, the problem of lesbianism became a source of anxiety to the patient. In the same year she had her first unhappy love affair with a young man, who met with the family's disapproval. At eighteen came a second unhappy love affair.

Before this second affair was ended, the mother had gone abroad, leaving the girl alone in the city to continue her studies at a dramatic school. When the girl became ill, she was taken back by an aunt to the family home in New England.

The history shows that when she had failed to live her life either in her own terms or in those of her mother's code, something in her had chosen to escape from life into the isolation of her illness; this resulted in the re-establishment of her dependence on the mother and her relinquishment of the struggle to continue the development of her own ego. The patient showed in her poetry how she had ceased to fight against the authority of her family; her poems also expressed the girl's sense of frustration and failure and disillusion; she had certainly given up the first man that she fell in love with, because of family disapproval; she had found herself unsuccessful in competing with the mother's career as a newspaper woman. Throughout her imaginative and sensitive poetry she speaks of the wish to escape from the pain and unhappiness of existence into some distant and foreign land. Through the breakdown of her illness, Elaine had repeated this theme of escape.

The only gesture of rebellion against the authority of the mother that the girl was still able to maintain through her illness, was expressed in her military "costume." The wearing of this uniform also gave the patient an opportunity to exhibit what may have been repressed masculinity. This special costume, as well as the bisexual figures that she projected, continued to manifest her confusion as to her own sexual role.

The stereotypy and distortion evident in the thought disturbances of schizophrenic patients has already been referred to in describing Elaine's art products. While such stereotypy was constant in the hundreds of sketches that this girl had made at home by herself, it was modified and diminished in the course of the art sessions. When the patient had established rapport with the worker, she was able to verbalize her compulsive need to reproduce distorted faces.

Already in the first art session, when Elaine produced a painting of a "Young Woman with Growing Plant," she had projected a design which, while containing distortions, was quite free of her previous stereotypy. In this picture she had succeeded in releasing a symbolic statement of her problem: it projected the schizophrenic split in her psyche, as well as her confusion about her own sexuality.

A decrease in stereotypy was also noticeable in the developing phases of Elaine's sculpture. In the first group of small heads, she had succeeded in defining the individuality of each man's expression; in the bisexual figures she had also maintained a distinct characterization of both male and female faces.

In the more stylized phase of the patient's sculpture, the sphinxes, the priest's head and other archaic forms were all clearly distinguished from each other both as to style and design. In such variation in theme and conception, stereotypy was also absent.

When the girl attempted to produce more realistic forms of animals, human figures, and ships, she introduced considerable distortion, but stereotypy never dominated their creation.

Elaine's first design stated the problem of her illness in symbolic form, "Young Woman with Growing Plant"; her last painting, "The Red Cross Girl," showed the distance that the patient had traversed in attempting to express her conflicts and her wishes. This final picture appears to mean (confirmed by the patient's admission of her unfulfilled desire to join the Red Cross) that it stands as a symbol of the girl's striving toward human relatedness. Regression to those deep and archaic levels of the unconscious has been replaced by the patient's declaration in symbolic form of her wish to function in the real life of her own world. Thus, when the patient concluded these art sessions, as she left for the summer holidays, she was fully aware that she had been able to communicate successfully with the worker in terms of the symbolic speech of her art.

In describing the art products of this patient, it has been shown that through her spontaneous art expression, she produced symbolic forms that expressed her life history and revealed her conflicts. Such a use of "free" art expression becomes a therapeutic means of releasing much repressed material which has not been obtainable through other form of psychotherapy.



CONCLUSION

In these studies of two schizophrenic girls, responses typical of schizophrenia were evident in the early phases of their plastic expression. The patients began by employing splintered and distorted forms in their first designs. The unsuccessful struggle of both of these girls against the dominance of an authoritative mother-figure, as well as their own narcissistic regression, were clearly depicted in a number of symbolic portraits. Forgotten childhood memories and long-suppressed traumatic experiences were pictorially projected long before either girl was able to speak of their meaning. Glimpses of the intermingled imagery of dream and daydream appeared in poetic as well as plastic forms.

In these cases the use of spontaneous art has been demonstrated as a supportive aid in the development of the interpersonal relation during art therapy. It has also been shown that when unconscious art projections are accepted by the therapist as symbolic speech, verbal interpretation of their meaning to the patient becomes unnecessary.

As spontaneity of creative expression expanded, verbalization grew freer and moments of insight became more frequent in both patients. The unification of the psyche of each of these girls was then clearly expressed in the satisfying and nonschizophrenic forms of their art. Schizophrenic art often contains fragmentation of forms, distortion of shapes, regression to archaic or primitive levels of the unconscious, the substitution of a symbol for an idea, and the drawing of human features from different viewpoints, simultaneously. Such devices are also employed quite frequently in the work of many of the most original and successful artists. But few clues are available as to why most of these creators chose their strange symbols.

Fortunately, some modern artists, such as Picasso or Klee, have been able to offer us an explanation of their purpose in choosing to use certain forms of distortion and peculiar stylization in their paintings. We know, for instance, that when Picasso chose to make a portrait with its nose placed simultaneously in front and side view, he did so in order to intensify awareness of dimensionality and to create simultaneity of vision and recollection. But what we do not know is whether Picasso achieved this mode of expression primarily through subjective experimentation or whether the art of some untutored psychotics had supplemented his own conscious experience.

Similarly, in the case of Klee, we have his own declaration concerning the importance of the unconscious in creative expression and the obligation of the artist to make the most of this in his work. But again, in examining Klee's design,

such as "Le Fou," in which an eye of a man looks inward and the other eye looks out upon the world, we do not know whether Klee was conveying a subjective experience or whether he also may have been influenced by the creations of mentally disturbed patients.

In the work of some earlier artists whose stature has grown with the years, such as Hieronymus Bosch in the fifteenth century, and Breughel the Elder in the sixteenth century, we are offered examples of original creations which are strikingly similar to those of schizophrenics. While both of these men followed church tradition in their paintings of Heaven and Hell, this did not prevent either of them from introducing fantastic imaginings into their religious art. Here we find scores of freakish creatures, part animal, part human, which are reminiscent of the images found in the distorted fantasies of psychotics. To those who may, in this context, recall the surrealist symbols used by Dali, it might be appropriate to emphasize that Dali's schizophrenic-like expression embodies, not only his subjective imaginings, but much that is derived from the symbolic creations of the two great masters, Bosch and Breughel.

Do not such a range and variety of creations produced by great and skillful artists of different ages, force us to reconsider the possibly broader significance and purpose of fragmentation, distortion, archaism, and double focus as expressed in works of art, whether these are projected by individuals who are regarded as normal or mentally disturbed? The advent of dynamic psychiatry now makes it possible to recognize that such modes of expressing inner experience are universal to man, whether he is ill or well.*

*No one has dealt more understandingly with the correlation of art and mental illness than Fromm-Reichmann. She writes in "The Philosophy of Mental Disorder": "A person can emerge from a severe mental disorder as an artist of the first rank. His previous disabilities in terms of his pathogenic history, the expression of his subsequent mental disorder, that is, symptomatology, or his inner responses to either of them can be converted into assets." P. 164 in "A Study of Interpersonal Relations," edited by Patrick Mullahy, Heritage Press, New York, 1949.

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APPENDIX

I. POEMS AND NOTES OF THE EIGHTEEN YEAR OLD SCHIZOPHRENIC GIRL*

This first long poem was written by the patient over a period of several weeks during the first phase of therapy, "The Mother-Daughter Relation." The girl read the first part of the poem aloud to the therapist before offering it to her. Here she expresses for the first time some of her states of inner vision and her search for the meaning of existence, which became in the following months the theme of some of her pictures and the basis of discussion and questioning in a number of the art sessions.

The problem of death, which appears for the first time in this poem, reappears in other poems and also in some of her paintings. How the patient's concern over death may have been related to two traumatic experiences in her life has been described in the text; neither the death of Harriet's acquaintance, the young woman who was murdered in a wood near her home nor the death by suicide of the schizophrenic sister of her friend Charles had ever before been told to anyone by the patient.

Another poem, "about death," which had been written by the patient in the third month, at the time when she received her first letter from Charles, was only given to the therapist four months later, when all the forgotten memories concerning her relation with Charles had been recovered.

Drawings and paintings relating to the theme of death appeared at irregular intervals. In the text, the "fear of death" is represented in the picture "Fears of the Unseen and the Unknown," (Figure 10), in a small medallion with a reclining human figure; this, she said referred to "the unknown qualities of death." In the picture of "My Impression of the Ballad of Reading Gaol," the death wish plays its part when the man, who evidently represents the father, kills beauty instead of the woman of Wilde's poem. Again in the painting of "The Tombstone and the Face," (Figure 13), the patient dramatizes her own illness as a form of death by the inscription on the tombstone, which reads, "Here lies one who had died and whos [whose] body wanders the earth 1927-194—" (1927 is her own date of birth). Again death appears in the drawing "Study of the Thoughts of People I Have Met, One Is Dead," (Figure 23). The skull in this design

*The patient's mistakes in spelling have not been corrected.

belonged to a boy friend of the patient's who died at seventeen. "That's as near as I ever came to death," the girl had remarked in pointing to the skull. The import of Life, Death, and War in the drawing of "The Mourners" was said by the patient to be the subject of this design. "Death's Smile" was shown at the same period as a subject of a pencil sketch in her notebook. "Arising from the Dead," a drawing of a divided face, was also sketched in her notebook, during the last phase of therapy, when she recalled her first confused state on a park bench, which had occurred at the beginning of her illness in the previous summer. The split in this face recalls also those paintings of herself (Figures 17, 18, and 33) in which she dramatizes her recovery by showing the features of herself emerging from a face veiled with dark hair. "Arising from the Dead" is also an image of this same rebirth or recovery.

FIRST POEM — PART I

"Stop and listen to the beat of your heart
Listen and its voice shall sing this song."

Look down into the earth man
And you shall see the face of the sun
Bury your head in the brook of time
And you shall see all you have done
 Close your eyes and see nothing
 And you shall see a world beyond worlds
 You shall see a dream beyond all dreams
 A life beyond all living things
Close out the hearing from your ears
And you shall listen to music superb
The music of Ancient Greece and Modern Rome
The music of Life and Love and Hate and Fear
The music of cherished hopes and crushed dreams dear
Held in the case of your weak and flimsy brain
Shut your lips and they shall babble over
With the words they never could speak
They shall tell of [a] tale of beauty and of pain
Of a passion that died and grew again
Of births and deaths and children's laughter
Of faith and despair and the "ever after"
That is to come —

They shall run and bable over with a score of words and pathos
Of spring and fall and leaves changing over night
Of harvest moons and apple pie and bright lights
They shall run and be full and run over the cup of words
With prayers and regrets and angry thoughts and dull reminders
With other men's poetry and music
With words never spoken before
Stop thinking and the memories of your life
Memories of each phase of your living shall come
The measuring of your taking and your giving
The timing of your knowledge and your gain
The weight of your depression and your pain
The height of your loves and your joy
The passing in review of childhood toys

The memory of that first success and failure
 The vision of your first romance and kiss
 The time you wanted and could not have
 The attitude that made you grown at last
 The struggle to be alone
 The time you wrote your first poem
 The time you thought all was lost
 The moment you were filled with hope
 The challenge that made you a man amongst men
 The time you uttered a prayer and then —
 Doubted that God was God!
 Stop and watch with closed eyes
 Stop and speak with closed lips
 Stop and hear nothing
 And you shall see the face of time.

PART II

Listen to the beat of your heart
 And it will tell you this tale
 The wind of ancient time doth say
 When man is man his soul shall live
 When man is dead his soul shall give —
 It's tale to those who listen to the wind
 It shall repeat the story old
 Of men who lived [for] a pot of gold
 Of men who loved and killed their love
 Of men who died not loved at all.
 Of men who went to battle for causes not too plain
 Of men who wanted war for the things they could gain
 Of men who yearned for peace, for the beauty of all
 Of men who wanted peace for the love a [of] peace alone
 Of men who strove for knowledge
 Of men who dared not think
 Of men who beat the drum of time
 Of men who cringe and shrink
 Of a man who died upon a cross so others
 Might believe
 Of man who thought all was lost
 Of another who always grieved
 Of a woman who destroyed the faith of men
 Of a woman who had no soul
 Of another who brought that faith back again
 Of one who reached her goal!
 Of a man who brought logic to all men
 Of a man who outdid time
 Of a man who beat the drum of pain
 Of a man who sowed the seed of gain
 Of a man who thought and died for thinking
 Of a man who thought and died of drinking
 Of a man who gave the world new hope
 Of a man who was the first pope
 Of all these men and their story bold
 Gilded and framed in blood and gold

Gilded and framed in War and Peace
 Gilded and framed in Life and Death
 Gilded and framed in the child's first breath
 This and more in the wind of time
 Stories never meant to rhyme
 Tales of the willow, hemlock, and pain
 Whisper and moan with the griefs of men
 Living and dying and living again
 Born and reborn but the tale is the same
 Working and slaving receiving time's grain
 Harvesting crops and sweat and pain
 Listen and hear "it" murmur and sigh
 Then! lift your head to the endless sky
 And! Tell me man what do you see?
 "God, and Time! and Eternity."

PART III

"Stop and listen to the rhythm of your heart beat
 And this is the story that it will repeat!"
 The rivers that murmur and flow through life
 Are the ones who will tell the tale of man's strife.
 So come to the mountains where life first began
 And rest and listen to the heat of the "Sand"—
 The sand of time by the river's edge
 Yearning to tell you the tale of the dead
 So bend your head low and listen my friend
 Hear the long story of the inevitable end
 The story of death and sweet retreat
 The story of peace and restful sleep
 And of this will the rivers tell
 So bend low and hear it the tale of man
 From now into the past when he first began
 When he crawled and wimpered and had no tongue
 And he could not stand and the word "run"
 Meant danger or fate so even then
 The fear of Death plagued the first men
 But enough of this let us hear of life
 Of Beauty and progress and man's strife
 Of Women who loved and give it away
 Of Men who hated and wait for the day —
 When they could destroy and kill and
 Blunder and rape and then
 Yellow with fear and guilt and much more
 Waiting to be received and [at] Hell's door
 Tortured with pain not known to all
 Beating their brain against time's thick wall
 Not knowing just when their time would come
 Waiting and having the urge to run!
 But where could they run to
 Those warped men of time?
 "No where" their heart said, "for your sense[s] are blind
 Fools that you were killing and teasing,
 You are doomed, doomed, no room for your swearing

For this is the fate you must wait for fiend
 Until your lost soul once more is redeemed
 Bitter and lonely you must live in the past
 Until time drops her sickle and last
 And even then your punishment new
 Goes on and on never to cease
 For Death is life all of its own
 Of this not even the river can tell
 For they live in life and so doing
 Can't repeat the tale of Death's living
 They only repeat the tale of death's giving
 You may ask What deaths give us?
 And deny its answer
 But listen man, bend close and hear
 Life's sweet refrain tingle in your ear
 The voices of love and children's joys
 The quick lively rhythm of little boys
 The dancing feet of summer and fall
 The echoes of raindrops on lovers vows
 The shadow dreamers and lost disease
 Held here in the pools of time
 Shimmering here in the darkness
 Rivers the [that] swell with man's toil and emotions
 Angry and fierce, silent and calm
 Tell the tale of man's tribulation
 Relieving with ease man's angle [anger] and pain

PART IV

Tell us Oh Rivers of ages and ages
 You who have known the prophet and sage
 You who in youth as [have] seen the beginning
 Tell us it's life its sorrow and woe
 Then we shall linger no longer beside you
 If you will answer what we would know
 We are the living and this sight is our own
 That we may struggle and die in the search —
 For truth and the secret locked forever with your mud
 We are living and we ask you
 What do we work for. Why sow this grain?
 Answers us now for time will not wait
 Answer the question that you leave now unanswered
 We beg, we employ you, beseech you in great fever
 And suddenly from the river came
 A voice that thunders "Never, never"
 My heart within me grows quiet, numb
 When from the river bed this answer did come
 For all that was said on these pages before
 And all that was said and I could write
Was useless without value Because
The story of life and the key to death's door
Could not be told on paper
 So cease your wondering and urging, 'tis in vain
 The secret is locked and guarded in pain

Come my brother, the journey is long
 Down from the mountain, the walk don't prolong
 The river is silent, this wind is still
 And the voice that spoke is stuffed with death's dusk
 So rest you dear Prophet and sage and wise man
 You who know when life first began
 Will ask nothing for nothing is said
 Here! Under the river bed
 We will go over questions unanswered
 Half heartily laughing disappointment uncovered
 We will go. We who have asked you
 And we will die and others shall think as we did
 And come to this river their lives to bed
 For the thirst of the truth
 That you will not tell
 They will come Ah yes,
 And turn away in pain
 And others after them will come again
 So I end this long story
 Tired and confused
 My hand aches were it once grow restless to write
 And my brain is numb
 So I will stop what I am writing
 And close my eyes and rest

A SECOND POEM

As I sit here strange thoughts race though my brain. Odd that I should think these things. I have had no experience in any of these thoughts and yet I feel as if I did. I look around me and the faces that I once knew I now do not know. It is an odd thrill to see this. There is within a strong urge to stop. By that I mean to stop thinking and moving and doing anything. In fact I find it difficult to move this pencil across the page.

The cause of which I know (thank God). It is a great strain to sit with this group. I wish . . .

About Death

Written on December 19th, the day the patient received her first letter from Charles. It shows how the suicide of Charles' sister had preyed on the patient's mind. "She (Death) is a woman, not a man," commented the patient as she read this poem aloud to the therapist.

THE VOICE OF TIME

Come with me my sweet, Do come
 Into a world of deeper sleep
 Into the gentle night and peace
 All this I give to you.

I give you this and even more
 So come, do not hesitate to open up the door
 For Death is but a richer dream
 A life beyond all living things

The wounds of your day with me shall go
 They shall fade and vanish quicker than you think
 And the darkness will become a light
 And you will be part of the cloak of night

The sweat and pain you feel will soon subside
 Nothing can you feel for you have died
 You live no more, You are no living thing
 Can you not realize fool that you have died.

Do not struggle fool, your time has come
 There is no escape from me or mine
 We come to take another to our side
 Into the longest night of nights we ride.

Come my child now you are mine
 I am gentle never angry always kind
 Do not fear my black cloak, look into my face
 Think not as death some pleasant form of fate.

I have come to take the place of living in the guise of day
 I have come to take you from the blinding light of human mind's decay
 Gently shall you feel and know the coolness of the night
 A night as long as evermore and than a day.

Do not weep and moan fool of man's world
 Can you not realize the agony you suffered in that madder twirl
 Come, have courage fool and fight me not
 The fear of death you have is common rot.

Come now I have no time for fools like you
 My time is endless yet I feel it is not so
 Give me your hand my child and we shall go
 Yes! I'll answer all the questions that you wish to know.

Now you have risen your face to mine
 You feel the cup of cold and cooling wine —
 Upon your parched and aching lips
 You see friend the vintage is Perfect and sweet
 The wine of Death and deep retreat.

Two Poems which Relate to Theme of Drink

The theme of drink as a means of escape from life's conflicts appears in both pictures and poems. On receiving her first letter from Charles, Harriet wrote a poem "Thinking" in which she attempts in vain to recall what she has forgotten. Another fragment of a poem about release through drinking was related to her painting of "The Story of Scotch and Soda" (Figure 12); she referred to the line of the poem "it lifted me on wings", as being the same as the white wings in her design.

THINKING

Because of a letter from Charles
 December 19th, 1945

As I sit here within my lonely room
 Something within me shudders and —
 I felt the doom that is my future
 That was my past
 A great dread fills me
 Thrills me with fantastic thoughts
 Thoughts no man has ever dared to think

I stumble blindly to my liquor cabinet
 And take a drink
 It burns my insides but it gives me strength
 To think in terms of logic not of fear
 I sit, It has begun to rain
 I look out —
 And reach for something not nearly within my grasp
 And from my throat comes a strange guttural rasp
 Which is quite new to me
 I find myself slipping
 Slipping into the darkness of forgotten time
 Into the time when I was young
 When saint and sinner had no meaning
 When death was sleep and life was eating
 When thought was nothing more than mating
 I try to think but nothing comes of it
 I stretch my hand out to find the bottle
 When this is done I take another drink
 And so doing more clearly can I think
 But alas! my brain is numb.

[FRAGMENT OF A POEM]

Once while thinking a strange impulse overtook me
 It was as if it lifted me on wings
 And I fluttered like a canary in a cage
 When suddenly the door swung open
 And out I flew —

Four Poems Referring to the Real Mother

(Italics emphasize the mother theme.)

This was the title of some writings in a notebook that the patient in the final weeks of her hospitalization gave the therapist. They had been written at home, during the previous two months, the Fifth and Sixth Phases of the art sessions, while she was attempting to recover childhood memories. The girl had spoken of these poems long before she felt able to show them. She had already spoken of the change that was taking place in her poetry. "I am now expressing myself. I want to bring you some of my recent writing because you'll see then that it, too, is no longer literary."

Three of these poems allude to her feelings about her real mother which she had been unable to express in the earlier sessions. Two months before these poems were written, her first written expression about her emotions concerning her own mother appeared in the poem "Food for Thought." It is therefore included here with these later poems.

FOOD FOR THOUGHT

("Written on my birthday")

They say to me "That life is what you make it"
 I feel it is not so
 They say, the wise men of our time
 That life is all the beauty of living
 The joy of taking, the thrill of giving

The phantasy of love and hot desire
 The swelling dream of passion and retreat
 The softest whisper and the ripple of hair
 The memory of that one kiss, one touch
 The realization of loving her too much
 The hand that opened the key to your gain
 The argument that caused that awful pain
 The chilling sense of losing this great love
 The fear of the unknown
 The sense of swelling pride
 The thought of her, your life, your bride
 This and so much more
 If you will only open up the door
 Of your too logically minded soul
 This saith the wise men of our time
 And yet — I feel it is not so.

[UNTITLED POEM]

Once while sleeping, sleeping, sleeping
 It had started beating, beating
 This incessantly driving rhythm
 That would not cease to be
 It awoke me from my sleeping
 And I heard that voice repeating
 "The drum of time has come and left you"
 Do not try to hope for rescue
 My heart thumped and bounded, bounded
 Until the weight — *I thought sounded*
Like her voice, her crying, sighing voice
 That left me no other choice —
 Than to listen beaten, beaten
 While the tears were bitter, bitter
 And my mind a disorderly litter

LEFT ME QUIET, SITTING NUMB

My Mind was throbbing, throbbing
 Like the beating of a drum
 When the sorrow filled me throbbed me
When I knew she would not come.

Oh My God! My God in heaven
 Listen to this mouth speak
Do not take her from me
Yet her pulse it does not beat!

For my heart is almost silent
 And my mind is almost dead
I can feel her pain, her sorrow
And it fills me with strange dread.

Dread for faith that I am losing
 Dread for hope that fights for room
 Dread for bitter nights before me
For I know I know her doom.

She is dead my love, my darling
She shall breathe and live no more

That is what within me repeats
 These are the words that strike the core.

The core of my humble and struggling resistance
 That ceases now to exist
 For time, foolish time, has won
 And added another beat to its drum.

MEMORIES

Written on the foster mother's birthday, April 12, 1946; the patient expresses longing for her real mother for the third time.

I walked into the night and found –
 Much to my dismay
 That all the hurt that I felt
 During this long day
 Did not heal.
 I stood and hoped that the wounds would close
 But this did not occur
 I cried out but nothing came of it
 I spoke to the cold stars and the still colder moon
 But the echoes of my words came back to me
 Oh! the pain, The Pain of it.
 I swore to the calm night clouds
 And made idle threats to the wind
 Until exhausted, I threw myself on the wet earth –
 That cried for me
 That wept and sighed for me
 For me and me alone
I buried my face in the wet earth
and felt my mother's warm breast
And knew the peace and rest –
Of the darkness of the day before –
I was –
And the earth lifted her arms
And I suckled at her breast
And the pain I knew was gone
It was no more!

In this same group were the following poems expressing periods of calm, joy, and peace. In the second of these, "I Felt the First Warm Breeze," the two italicized lines, which refer to the image of "leaves cling to the mother tree," seem to be directly related to the picture "Bleeding Leaves on a Windy Day," (Figure 9), which had contained the first symbolic expression of sorrow at the loss of the real mother.

A FLEETING MOOD

I cannot understand this mood
 This mood that leaves me silent and alone
 I am not afraid
 For it came like the still quiet rain
 I cannot understand this mood
 That entered unobserved
 I rather like its calm and silent hold
 Although –
 This mood I cannot understand.

[UNTITLED POEM]

I felt the first warm breeze
 And heard the first silent hush of spring
 I saw the ice break and float down the river
 And people sit and bathe in the first warm sun
 I saw the first sign of tennis and boys at spring sports
 And dogs running and buds flying
 Oh! many things of that sort
I saw the leaves cling to their mother tree
 And I shed the bore of winter
 And the coat of winter life I threw down
 Down to the now muddy and fruitful ground
 I felt a new thing.
 A strange thing
 Something that yet was not sound
And the old winter thinking is dying like the last leaves
 And this thing that is growing
 And taking life and breathes
 It has come now and stays now
 And will not cease to be
 I felt the first warm breath of spring
 And look what it's done to me.

In its mixed moods and phrases the last poem of this group, "Restlessness," expresses the inner world of the schizophrenic. The italics inserted emphasize these points.

RESTLESSNESS

I could not rest, but rest was what I sought
I could not speak and yet my lips sought to move
 The pain of keeping silent had made a groove
 In my brain
 I could not think and my whole body shook with the impact
 And the pain within my skull tore like something hot —
I could not have and yet I had all
 And this sensation within the milky case —
 Called — (my brain) —
 And nothing came of it
 My mind had grown in size it seemed
 For my neck ached from the weight of it
 Oh! God! Oh God! What have I done —
 To suffer thus
 The room is hot and I am hotter still
The people known to me and yet to me unknown
The time the place is now and yet is not so —
 And my neck still aches from the weight of this
 I feel the joy of some unexperienced bliss
 The bliss of the unknown
 I seek my thoughts to write
 And the words come hard and quiet
 Like the pain of a whip

My body is not mine

Yet I am me.

I feel a sense of freedom yet I am not free

Oh! God Oh God the joy and the pain of it.

I love this feeling yet I will admit

It is not for me to have

I love this sense of fright

For it is pleasant

And as I sit and write

This feeling I succumb to

Or perhaps the feeling succumbs to me.

AN ARGUMENT

This moving prose poem on the patient's search for the meaning of beauty, written three weeks before she left the hospital, may be related to her search for the meaning of existence throughout the art sessions. It brings to mind her substitution in her picture of "My Impression of the Ballad of Reading Gaol," (Figure 11), of an island which represented beauty, for the figure of the woman whom the man murdered in the poem.

I sometimes wonder what beauty really is. As yet I have not quite understood the true value of this word. Some say beauty is women, not her face or her skin, but her purpose. It may be so. For never is a woman so charming than with a new born child in her arms. For this so many men science dedicate their lives.

Some say that beauty is a child, not their beauty or their smile, but the innocence they wear and the wise comments that they express. The knowing that only a child can possess and the love that only lasts while a child. For this so many women go through the pain of another life within them.

Some say that beauty is Spring with its trees and flowers, not the loveliness of these things, but the great foresight of their birth. The mysteries of their lives. The strong urge to mate. For this so many people pause in their days occupation to stop and look and wonder.

Some say that beauty is the great mountains and high cliffs that look down at man and up at God. Not their rocky beauty but what they stand for. For this so many new things were done. So many new ways were found.

Some say that beauty is the sea. The now angry, now calm sea. Not its dazzling charm but its rustle movement, its rolling symbols, its endless flight into nowhere. For this so many men have been inspired to write and paint and to think of music that makes one think of almost any beauty.

Some say that beauty is man's towers and bridges. Not their steel skeleton or their brick bodies. But the great drive behind them. The great desire to reach the sky, the great Hope for something different — For this so many have given their loves and lives.

Some say that beauty is the deep retreat of a Cathedral. Its quiet and its great meaning. For her come all people into the house of God to thank, to ask, to give, and to take. All souls bitter and sweet come. Some not knowing, just why they enter. Some with a purpose. For this so many fought and cried. So many have denied it and suffered. So many have died without knowing just why.

And I say nothing for I still do not know the meaning of this word. I only try to see and adore all these things that claim the name of beauty.

NOTES ON THE SYMBOLISM OF THE PATIENT'S PICTURE "My Impression of the Ballad of Reading Gaol"

At the therapist's requests Harriet had written out and brought to the studio the verses of the "Ballad of Reading Gaol," which she had recited at the previous art session when she showed and interpreted her picture, "My Impression of the 'Ballad of Reading Gaol.'" (Figure 11). On the margin of these verses she had drawn, as requested, the form of her symbols which corresponded to those she had used in her large painting of Wilde's poem.

In reply to questions, Harriet explained how she had been stirred by this poem and wanted to illustrate it some time ago. Asked when she had first become interested in the idea of illustrating it, she said, "Six months ago, before I became ill. But I wasn't able to do it then." She seemed very pleased that now she had been able to carry out the plan to make this picture. It is therefore important to remember that the *idea of this picture existed* in the patient's mind before she did any of this present series of spontaneous art projections.

With unerring instinct Harriet seems to have found the lines in this poem with which she could identify, as a means of disguising in pictorial design, her own death wish against the father. The poem also lends itself to illustrating the expiation of such a wish by means of the hangman's noose. Thus, while the "Ballad of Reading Gaol" became the disguise for expressing the girl's murderous wish and self-punishment, it appears to have played a similar symbolic role in Wilde's life. For there can be little doubt on a careful reading of the "Ballad of Reading Gaol," that this poem symbolizes Wilde's death wish against his own mother to whom he was deeply bound.

Harriet's Written Comments Relating Wilde's Verses to her Symbols

"This is a full report on the drawing done on the 21 first of Jan."

It is my *impression* of a long and dramatic poem written by Oscar Wilde entitled "The Ballad of Reading Jail." I have picked out stanzers of this poem that impressed me the most. Of these will I explain on the following pages.

I.

He did not wear his scarlet coat
For wine and blood are red
And wine and blood were on his hand
When they fund him with the dead
The poor dead woman whom he loved
And murdered in her bed

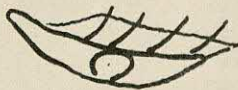
II.

He walks amonlts [amongst] the frail men
In a shabby suit of gray
And a crikked [cricket] hat was on his head
And his step seemed light and gay
But I never saw a man who looked
So wistful at the day



The Patient's
Comments

("Knife represents
the murder of his
love")



("Eye represents
the man's look")

III.

And I and all the souls in pain
Who trapped [tramped] the other ring
Wonderd if this man had done
A great or little thing
When a voice, behind me wisperd low
That fellow's got to swing.

IV.

Dear Christ the very prison walls
Suddenly seemed to reel
And the sky above me head became
A cascade of scorching steel
I thought I was a soul in pain
My pain I could not feel.

V.

I only knew that haunted thought
Quickend his step – and why
He looked upon the garnished [garish] day
With such a whitsful life [eye in poem]
The man had killed the thing he loved
And so he had to dye.

VI.

Yet all men kill the thing they love
By each let this be heard
Some do it with a bitter look
Some with a flattering word
The coward does it with a kiss
The Brave man with a sword

VII.

Some Kill their love when they are young
And some when they are old
Some murder with the hand of lust
Some with the hands of gold
The kindest use a knife because
The dead soon grow cold

VIII.

Some love too little some to much
Some sell
And others buy
Some do the deed with many tears
And some with oud a sigh
Each man kills the thing he loves
Yet each man does not dye

IX.

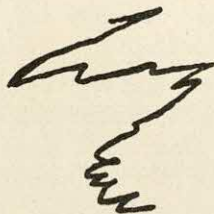
He does nto [not] *dye* a death of shame
On a dark day of Disgrace
Nor have a noose about his neck
Nor a cloth upon his face
Nor drop feet formost from the floor
Into the empty space.

*The Patient's
Comments*

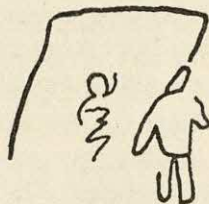
(Purple & Red)
("Colors represent
this mixed emotion")



("The sharp black
edges represent
this pain")



("The hangend
represents the
punishment")



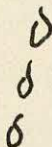
("The knife
[sword] represents
the brave man's
act")



("Money bag repre-
sents the reason for
murder." The
rationalization of
her own death wish)



(Teal [tear] drops
represent the dis-
solushed [disillu-
sioned] man")

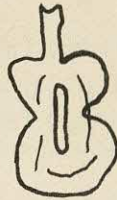


("The shadow of
the gallows repre-
sents the horrible
death" and is not in
the verse quoted.
It is evidently her
own emphasis on
death)



X.

It is sweet to dance to violins
 When love and life are fair
 To dance to lut[e]s
 To dance to flut[e]s
 Is delicate and rare
 But it is not sweet
 With nimble feet
 To Dance upon the air."



*The Patient's
 Comments*

("Violin represents
 the dance of
 Death")

**Notes on the Patient's Handwriting in Transcribing
 "The Ballad of Reading Gaol" and on her Peculiarities in Spelling**

The patient wrote down this poem from memory. It is evident that she did not reread what she had written, as no I's are dotted and no T's are crossed. The misspelling can be related to her writing out the poem phonetically, as for instance, "dye" for die, "crikked" for cricket, "wispered" for whispered, "gar-nished" for garish. Reversal of order of letters also occurs, as "nto" for not.

**Correspondence of some of the Patient's Symbols
 to those Repeated by Wilde**

The broken heart symbol, used three times in the patient's pictures, is found in a number of Wilde's verses. As an example:

"Ah! happy they whose hearts can break
 And peace of pardon win!"

Blood drops and teardrops are used, sometimes interchangeably, in several of the patient's pictures; in the symbolic designs relating to herself, the father, mother, two dream pictures, (Figures 1, 2, 3, 4, and 6), etc. Wilde, in one of the verses of his ballad, wrote:

"Three little weeks in which to heal
 His soul of his soul's strife,
 And cleanse from every *blot of blood*
 The hand that held the knife.
 And with *tears of blood* he cleansed the hand
 The hand that held the steel
 For *only blood* can *wipe out blood*
 And only tears can heal."

II. POEMS AND NOTES OF THE TWENTY-FIVE YEAR OLD SCHIZOPHRENIC GIRL

These poems and notes were all written prior to the patient's hospitalization. They were saved by the mother who says that the patient destroyed later copies. Their meaning has been related in this study to the patient's history and to her various verbal responses and to the types of her plastic expression.

AN UNSENT LETTER

(After breaking off relations with the first young man)

Don't be surprised — It's only that I'm lonely. You understand . . . I do like it if you sent your book . . . I do like also to send you a short character sketch I did, if you aren't too busy . . . Look, you're older than I am, and you have written longer, has there ever been a time when you felt that no matter how much you had to say, you were not at peace enough with yourself to say it in coherent phrases? That there was something virtually that held you away from the typewriter, which, when you finally, by sheer will power, forced yourself to sit at a desk, made all the stuff you turned out seem leaden and unpliant? Then you argue and cajole, and use sophistry, and rationalize, and begin to doubt. The next day it is the same thing, until every day appears useless and lost — while all the time you are sickeningly aware of the fact that you're getting older . . . Then is the time when you feel like shouting — Christ, WHY — why spend the supposedly carefree, and the undoubtedly *only*, youth in barren self torture and self critical sweat . . . Then you say — what the hell, and get drunk, but the next day you meet the self-same YOU in the mirror that you tried to escape . . . There, what a long rigamaroll that was.

There was an exhibition of French paintings at the Metropolitan a few weeks ago . . . one especially of Degas interested me; ballet girls, which was not unusual, but dressed in pink and green costumes. The color combination was unimaginably beautiful, and the figures so delicate that they might have walked on cobwebs . . . it made you catch your breath and ache with the sheer fragil beauty of it . . . the sort of thing that is connected with poignant, airy dreams of childhood (I daren't say fairyland — damn the modern use of the word) . . . There was only one Gauguin, a shamefully small one that made a person want to spit in the faces of the exhibitioners . . . There were a great many works of Paul de Chévalles, whom I didn't know (you forgot to mention him in the lecture course), and didn't evidently appreciate fully.

It was fine loving you, and last summer stands out in high relief against the rest of my life . . . and what amazes me is the fact that I absorbed so much knowledge from you even in the midst of such emotional chaos — damn you, or bless you, you absolutely opened up a new door for me by coaching me on the important artists.

So, they say, none of us shall know each other? None shall know the innermost thoughts of the brain of his brother? Ah — God that I did not have that gift — that I might look on the trusting face of some individual a trust that trusting face — not know the concealed workings of a mind that is always petty, and yet, always glorious . . . Dear God — the why and wherefore of things are too great for me to put down in words . . . To know a truth that is great and good and helpful — To know that there is something in my self that is worthy — that is enlightening — and yet, not to be able to put that stupendous thought into words — I know I know I know — and yet, what have I to offer — no words of wisdom — no sagaciu . . .

The wisdom of the past is about me —

And there is no utterance —

The foresight into the future is before me —

but my tongue is still —

THE SPHINX

Thru a sultry night of *Egypt*
 Comes the whisper of the Nile.
 Thru the shadows of a dead world,
 One by one, the camels file.

By the sepulchres of a dead race
 Whose dead still hoard their tales
 Pile the sands which kept the secret —
 Like unto ghosts the sands are pale.

In the quiet, murky darkness,
 Phantom whispers float supreme —
 No earthly sound disturbs their quiet —
 They wax and wane with each moonbeam.

From the hush, oh awesome time,
 One last mystery remains —
 The *Sphinx* — unknown — still undefiled —
 Exists — the neuclius of the planes.

[UNTITLED POEM]

I had a little shadow
 That went in and out with me
 The little shadow's name was Pride
 She never let me be

I used to keep the light turned on
 I greatly feared the dark
 But most of all I feared the ghosts
 That came when she'd depart

But now I only keep her by
 Throughout the foolish day
 For night brings the ghost of one I love
 He has much more to say —

[UNTITLED POEM]

How silly is a writer
 She writes the livelong day
 And who receives her manuscripts?
 The trashman down the way

NOCTURNAL

There's so much beauty in the night,
 It clogs my soul, it dims my sight.
 The breeze, it wafts from every star
 A vision from a world afar.
 The shafts of light are shafts of dreams,
 And I climb each shaft to a dream serene.
 A peace and quiet engulfs my soul —
 The world is one factor from pole to pole.

[UNTITLED POEM]

Ah, Youth, look, and see what you find
 In the hazy horizon beyond —
 Do your dreams dwell there in fanciful graces?
 Come, sail away from the sound
 Of women wailing, and men complaining
 Of burdens which bend their backs —

 Sail from this world of everyday things —
 And never retrace your tracks.
 Sail to the places of ancient Greece,
 And touch the banks of the Nile —
 Go deep into passionate Africa —
 Yes — keep your dreams for the while.

RUGS

The pattern in the rug I weave
 Is perhaps discolored and ugly:
 But it represents much time and an effort,
 A poor attempt at an ideal
 So please do not notice the flaws in my rug —
 Merely smile, and say
 "Nice try!"

[UNTITLED POEM]

There's beauty in a naked body
 Pulsating in a tropic night
 Natives pounding out their souls
 Upon a tom-tom — phantom sight —

 A god-forsaken wanderer, I
 Watch their passion — unrestrained,
 Writhing, turning, squeamish, burning,
 Shrieking to their gods their pain.

 Rhythmic, fatal, pleading, blaming
 Cursing, praising — in the night!
 Giving vent to unknown instincts —
 God! I would I had the right!

[UNTITLED POEM]

So "fools step in where angels fear to tread"?
 Thank god I am a fool, and dine on holy bread.

[UNTITLED POEM]

This thing which throbs in me,
 Which chants,
 With the aching rhythm of the sea,
 God grant
 That someday the power of utterance
 Will come —
 In a great flood of song

To the sun,
 To the grass,
 To the love of man —
 To the longing
 To live life
 Which I hold in my hand —
 To rain,
 To ships,
 To the beauty of Greece —
 Let me sing my song
 'Till the dust of me cease —
 And is one with the great universe —
 And kindered soul in soul shall merge.

[UNTITLED POEM]

A useless, caged spirit within me — wanting —
 Love? But that would only fade and leave a crushed memory in a wiser heart.
 Fame? All the theories I have heard concerning the futility of fame offer no optimistic
 viewpoints.
 Happiness? Who can have happiness for the seeking?
 Experience? What is that vague quality?
 Pleasure? All the pleasure that I have ever gained I have paid for dearly in memory or regret.
 Knowledge? What is knowledge as a recompense when the soul is numb with pain?
 I fain would seek some mysterious quality which no name can capture, nor any phrase Frame.

[UNTITLED POEM]

I'm definitely not a genius
 I can't create a rhyme
 So definitely not a genius
 That I find no beauty in pine

 Trees shooting from a hillside
 Against bespeckled sky
 I find no dream in a daffodil
 No mood in a hoot owl's cry —

 Oh, I can write odes by the thousands
 On "What in life's living for"
 Still — better than genius
 I guess I'll be a whore —

[UNTITLED POEM]

Oh wind — wind — seering my being
 Bringing the gift of omnipotent seeing
 Caressing my thoughts in powerful thrusts
 Uncovering my achings — bearing my lusts
 Wind, wind — I reach for the stars
 Loving them — framing them — evasive afars
 Blow me to them in your tempest — your gale
 Oh wind — friend — your help never fail

[UNTITLED POEM]

Sometimes I wonder
 If life is all cruel
 When people are gentle
 My eyes become full
 For nobility in them
 Is concealed by an art
 Of sharpness — of bitterness
 It stands off, apart
 Living courageously
 Dawn in their dreams
 Where beauty is flowering —
 Somehow it seems
 All people are pitiful
 Philandering things
 When their soul is laid naked —
 God the pain that it brings!

[UNTITLED POEM]

Someday — oh gods
 I *will* be great
 And burn immortal stuff
 Nor stoop will I
 Like fools to prate
 Or fal-de-da and fluff.
 Someday I pull
 My hearts core out
 When it is ripe and ready
 Bleeding though it be
 Pray god my hand is steady —

[UNTITLED POEM]

Over estimation
 Seems my destination
 Egotistic tendency
 Is my one propensity
 To a character like Caesar's
 Who said mental hazards?

[UNTITLED POEM]

To come down from the clouds —
 Oxygen invigorated,
 Clearly thinking, reasoning,
 Wanting — ultimately — the clouds again.
 To end, my love —
 Emotionally invigorated,
 Clearly thinking, reasoning,
 Wanting, ultimately, love again.

[UNTITLED POEM]

Ah Child, for you are still a child,
 You alone have youth.
 And beauty was born of youth.
 Keep it in the curve of your heart,
 Hold it in your swelling mind,
 Unite it with your slender soul —
 Love the horizon —
 Live life 'Till it sags with bounty
 Time is but a fantasy —
 Forget it exists,
 Fear not to feel —
 For feeling is pregnant beauty . . .

BEAUTY ELUSIVE

The faltering footsteps of ages long past
 Ring on the hallway of time
 The echo is hesitant, quivering and fearful
 Man, far from his image sublime,
 Plods up the isle to the chancel rail,
 Stops, enthralled by the chant of a chime.
 Looking back to see the tombs of his fathers
 Lining the long weary trail
 Looking forward, to see, with all his great struggle
 Still afar is the chancel rail.
 Still undecided as the chimes pierce the quite —
 Dulcent, melodious, low.
 A shudder quickens the querulous face
 The footsteps again, but so slow —
 As the chimes, now doleful, for death is their theme
 Voice the knowledge that all men know

[UNTITLED POEM]

Old Spinner is a fool, they say —
 He hasn't got a gram —
 His eyes are dull, his brain is dull —
 Yet — once he built a dam.

Old Spinner is an idiot,
 He blubbers all the time.
 He talks of building cities bold,
 And he never has a dime,

Old Spinner speaks of work to do,
 But never does a lick —
 He dreams of making a canal —
 Though he never held a pick.

Old Spinner was an architect—
 He built the city hall —
 He had a brilliant future —
 Until he had a fall

Old Spinner fell and hurt his head —
 They thought he'd die — but he lived on,
 Old Spinner is a fool, they say —
 For all his sense is gone

As well — he's happy with his dreams —
 They amount to — not a thing.
 Life left him at a kindly time.
 He can't regret a thing.

[UNTITLED POEM]

The cross to which I am nailed exposes my very being,
 And the merciless, ruthless sun
 Beats down of the naked quick of my soul, so that I
 Quail, who was never one
 To shake before the fiercest tempest, or hide my face
 At the lightening. I who love the
 Wind. Who at night have bestrode it proudly, and
 Ridden clear to the dawn, strove
 In vain against the inquisitor, who thus strips me
 To the glare. Aching and shameful I hang;
 Yet the sun must set. Into the cool night I go, to
 Lick my wounds, seeking the song the wind sang.

[UNTITLED POEM]

Love is a pool, translucent and deep,
 Or the sigh of the rain in the night,
 Restless, forever seeking the earth,
 Yet drenching the air with delight.

Or love is the essence of a summer day
 That is taunt to the prospect of storm,
 When the leaves turn silver, and the air so dead calm

[UNTITLED POEM]

I might reach you in your crystal palace
 Built upon that lonely, jagged rock
 If I might scale with wary foot and fearful
 The graceless granite which block by block
 You have laboriously brought for a foundation
 To make more solid your aloof abode.
 But my home is on the softly sloping hill
 Near to the morning mist, bestrode
 By the low-leaning thunder cloud — aware of
 The life in the village below.
 I can stand in the threshold of my house
 And follow the line of the stone
 Up to your mansion, You sit oftentimes
 Head in hand — so entirely utterly alone.
 I can see, for your house is transparent. Yet should
 I stumble up to the weary climb, and trouble
 To search out the entrance, I'd but fail, and find you
 Unapproachable, living behind the walls of a bubble

[UNTITLED POEM]

Not that I have not cared,
 But that, this leaving you
 Is sacrificing precious dope
 To pawn back odds and ends of hope.

What dreams the poppy brings,
 Remember, the anguished hours
 When nerves are raw, and scream for ease
 In leaving you, I'm leaving these.

But abstinence has a price.
 I have seen men on the streets,
 With piteous face, an embodied scream
 And knew they'd had to sell their dream.

This, then, my anodyne
 To walk always aware of you
 Or your lack, which is more the case
 Still, soothed by the seditive of peace

[UNTITLED POEM]

I passed you once in the twilight's gloom
 Nor knew your form or your face.
 Not until I was half up the hill to home,
 (I could not turn at that place)

And something seemed pulling me,
 willing me back
 A melody ran through my brain
 Then stifled desire, a long muffled fire
 Sang in my blood the refrain.

[UNTITLED POEM]

Funny little poem
 I wrote a year ago
 Silly little poem
 "Oh life, move fast, you're slow"

Pathetic little poem
 Seems an epitaph
 Buried me and poem
 God! laugh! laugh! laugh!

I stood on the hilltop and knew that You'd gone
 No sound came out of my throat
 But the fury of longing that churned in my breast
 Would have made any word remote,
 Too callous to come at a time of such rapture
 When sorrow indeed is sweet.

And the dusk wept on to a moonless night
 Enshrouding the sighing earth
 Whose winds respired in hopeless desire
 And turned my refrain to a dearth

[UNTITLED POEM]

First warmth of April to the fresh opened flowers.
 Soft rain to the hungry grass.
 Bird-song in the budding dogwood tree
 And yellow jasmine en masse.

Crimson tulip, guilded jonquil, semi-scent of
 Honeyseckle on the wind.
 Sweet herb, star-grass, wild violets.
 Oh child felt spring, find
 Once again this city-sated phantom.
 Steal over and hush The buzz
 of the vacume-cleaner, the clang of the
 Elevator door. The fuss
 That the neighbor's radio makes, Carrol
 Birds, in my memory. Drown out
 The quarrel between the floor maids from the
 Bronx. You see, I now begin to doubt
 If ever tree grew, or wind wafted fragrance,
 If earth was e'er damp and warm.

First heat of April on the paving stones
 Dirty rain of approaching storm.
 Hot argument of taxis at the twilight hour
 Wail of the river dredge.
 Neon lights of city nights, and potted ivy
 On the window ledge

[UNTITLED POEM]

Oh wintry days of faded years — grey and barren of life
 You were. Forgotten of summer, and the warm rain of April;
 Drab days of November, towed down with ennui, pregnant with sadness
 Bulbuous with fog, leaden with mist, ghost pursued devil
 Days, why do you haunt me? I have known Junes that were ripe and
 Fulfilling. Too many Augusts have left me fatigued.
 October's bizars have dug deep in my living. Then why this
 Nostalgia for November's drizzle? Spirit maddened — berieved?

The child that crept home at night, weary from playing, heard
 The taunt wail in your fathomless dusk. Answered the dismal
 Wind, learned of it sorrow; learned unutterable dolor and grief.
 Oh ghost lashed November, oh longing abysmal.

[UNTITLED POEM]

First love, so frail and far behind,
 So shadowy and dim
 Strictly trysting with the past
 As if it were a whim
 To stay thus far behind me, dear,
 But never out of sight
 To taunt me with half memories
 And half forgot delight

To touch with theiving fingers
 My passions of today
 To marr them just so slightly
 They all but pass away . . .
 Begone — I beg you, leave me be
 Mad prank of my child years
 Wild youth of far, far wilder days,
 Be content to have my tears.

[UNTITLED POEM]

Wide and violent is the tempest of first youth.
 Half child, half lover did you come to me —
 Hastening to repeat what you heard of the wind.
 You came with longing, or wild and free
 As the tall grasses of the field exultant
 In the sun, or again, as crystal lovely
 As a drop of dew unshattered by contact with
 Harder stuff — masterless, you spoke slighly
 Of these who tolerate such earthly chains as
 Perverse man must use to snare the soul.
 I watched with wonder how a thing could be
 So innocent, so fragile, yet so fierce and bold.
 I watched onknowing, frealy baffled, but mostly
 Wondrous and full of awe. A life ago
 When youth was young. . . . Now but remains an angry thought . . .
 Life will not spare you even so.

[UNTITLED POEM]

Had I had you, I would not have loved you so;
 An element of hate would stain the books.
 Books composed of weary, tortured nights, and days
 That just as well might not have been. To look
 Back over them, now I am somewhat free, is to find
 That love can be a selfless, sacred thing. For
 I cannot hate you. Though you brought much pain,
 You brought a greater world. The body counts no more.

TO A FULL-BLOWN FLOWER

Day by day I have seen the staunch green leaves
 That clung about your bud
 Fold back, in preparation for your coming. First
 The veiny, calloused, mud
 Spattered sheathes curled up and died, like useless things,
 And fell back to the earth.
 Next fell the velvet, hidden strength, the lovely,
 Balanced tenderness of the mid-girth. . . .
 Leaving bare to the elements the fragil, foam-green
 Of the timid heart-leaf.
 These were gone soon — doubtless ashamed of hiding you
 From the world. You breathe
 Life-full now. No blemish mars your petals. Your form is pure.
 But oh, the wonderful
 Grime of the outside leaf, and the measured force of the center,
 And the sensitive, painful
 Dream leaf, that clung for a fine-drawn instant, then expired . . .
 Their promise was great
 To an impossibility. Your loveliness can be but tangible.
 Their's was whispered — inarticulate.

[UNTITLED POEM]

A hush was o'er the earth, and in the air a lull,
 The sun was sinking in the West, and in its colors, full
 Against the twilight sky,
 I saw a shadow fly.

So strange it was to see a shadow flung across the sun.
 The sun, itself the cause of shadow, I thought the only one
 existing body with power to illuminate,
 Or darken, and thereon did I meditate.

I said, "For surely you can see the dark against the bright,
 "As plain as in a book you see the black against the white.
 And yet, by nature's changeless laws, this thing which cannot be
 Is here before your very eyes, so plainly all can see."

A wise man, sage, and worldly-versed, stood gazing at the ball
 Dropping from the sky. So thought absorber, he missed the fall
 Of the shadow cross the vision. So deep in philosophic realms,
 Debating pro and con, he'd miss the sight that
 Brought to me a qualm.

"Father," I said, "You are most learned, explain to me this sight;
 Can it be that this thing is true, can it be that it is right?"
 "Of what, my child, is it you speak in such confusing terms,
 You interrupt my flow of thought on the ancestry of worms."

[UNTITLED POEM]

Quiet is the night about me, though the city beats with noise,
 Quiet is my heart within me, lending to my brain its poise.
 From the muted strains of thought, images emerge
 Stealthily, as from a legend told by witches at a goblin's urge.

Watch this phantom figure stealing cross the stage within my brain,
 From the flute he fingers aptly drops incessant, mad refrain.
 "Shistle, sing, dance, be joyful, pipe your life away."
 Gay, impassioned, remorseful, any tune he'll play.

Thus I've seen him oft before, Pan he might well be,
 Hiding in his saddest songs little bits of glee.
 Play, boy, play, the world's a world away, there's wine in the breeze
 Your music's alive, make it sing, make it tease,
 You've got life in pipe, make it weep, make it shout,
 The heart does as much, a pipe's more than a reed". About
 All about the air fills with sound, once again wild notes
 Follows wild note. Whisper of wind, and the sigh of a lover
 Leaves taunt before rain, and quiet, dull pain: clover
 Drenched with dew, the sun on gold hair, red wine
 Rich wine in a crystal goblet. Glad laugh of a man full in his prime
 "Play, boy, play": Pungent, damp earth, tang of salt water,
 Straw frost or the ground, rustle of tafeta, mortar
 White between new laid bricks. Now human things, glib notes
 Flow from the pipe as if it were part of him; a word in the throat
 Spoken soft and confiding, a question and answer, sharp sticcato beat
 For two scholars in converse, and sullen muffled tones of defeat.
 "Stay, boy, play, but first, tell me, who are you?"
 "Fool" — It was all he said, but his song was quite through.

INDEX

- Adler, Gerhard15-16
- Analysis, Jungian4, 21
- Archaic heritage17-20, 202
- Art
 - Hittite forms187, 200
 - obscene6-7
 - psychotic, historical survey3-34
 - schizophrenic disorganization
 - of figure-ground relation.....213
 - therapeutic, technic of45-47
- Aschaffenburg, G.10
- Baynes, H. G.21-26
- Bosch, Hieronymous218
- Breughel the Elder218
- Bychowski, Gustav26-32
- Collective unconscious17-20, 202
- Dali, Salvador218
- Dream-work14
- Ego18-19
- Ehrenwald, Jan21
- Expressionism11-12
- Freud, S.3, 13, 14, 15, 17-21, 33, 202
- Fromm-Reichmann218
- Genius, and insanity8
- Id18-19, 20
- Jaspers, K.10
- Jones, Ernest14, 17
- Jung, C. G.15, 17-21, 33, 202
- Klee, Paul16, 217-218
- Kraepelin, E.10
- Kris, Ernest36
- Lafora, G. R.11-12
- Lewis, Nolan D. C.13, 169
- Lombroso, Cesare3-8
- Mead, G. R. S.16
- Memory20
- Mohr, Fritz8-10
- Monomania5
- Morgenthaler, W.17-18
- Picasso, Pablo217
- Pfeifer, R. A.12
- Pfister, Oskar12
- Prinzhorn, Hans7, 10-11
- Psychoanalysis3-4
 - exploration of art11-13
 - interpretation of symbols20-21
 - the unconscious17-20
- Psychoneurosis, art production in26-32
- Repression18
 - and symbolism14-15
- Schilder, Paul12
- Schizophrenia
 - art production in22-25
 - case history39-147, 149-215
- Simon, Max3-8
- Stereotypy214
- Symbolism14-21
 - archaic, in schizophrenic art13
 - multiple-faced heads168-169
 - sexual7
 - schizophrenic22-23
 - sphinx187, 192
 - and the unconscious12
- Synesthesia12
- Telepathy21
- Test, drawing, as diagnostic aid8-10
- Transference13, 36
 - positive109
- Unconscious
 - archaic heritage17-20, 202
 - and art forms12
 - collective17-20, 202

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